

Fallon Medicare Plus™ Premier

2022 Formulary (List of Covered Drugs)

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

Formulary ID: 00022433: Version: 8

This formulary was updated on 10/05/2021. For more recent information or other questions, please contact Fallon Medicare Plus Premier Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of October 5, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Fallon Medicare Plus Premier Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means that

these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/05/2021. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Fallon Medicare Plus Premier Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	B/D; MO; NEDS
<i>meperidine hcl oral solution</i>	Tier 2	MO; NEDS
<i>meperidine hcl oral tablet 50 mg</i>	Tier 2	MO; NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 2	MO; NEDS
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	Tier 2	MO; NEDS
<i>morphine sulfate oral solution</i>	Tier 2	MO; NEDS
<i>morphine sulfate oral tablet</i>	Tier 2	MO; NEDS
<i>oxycodone hcl oral capsule</i>	Tier 2	MO; NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	MO; NEDS
<i>oxycodone hcl oral solution</i>	Tier 2	MO; NEDS
<i>oxycodone hcl oral tablet</i>	Tier 2	MO; NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	MO; NEDS
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 2	MO; NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	MO; NEDS
<i>tramadol-acetaminophen oral tablet</i>	Tier 2	MO; NEDS
Anesthetics		
Local Anesthetics		
ASPERCREME LIDOCAINE EXTERNAL PATCH	Tier 3	MO; NT
<i>lidocaine external ointment 5 %</i>	Tier 1	MO; QL (200 GM per 30 days)
<i>lidocaine external patch 4 %</i>	Tier 2	MO; NT
<i>lidocaine external patch 5 %</i>	Tier 2	PA; MO; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	MO
<i>lidocaine hcl external solution</i>	Tier 2	MO
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	MO
<i>lidocaine hcl urethral/mucosal external gel</i>	Tier 2	MO
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	MO
<i>lidocaine-prilocaine external cream</i>	Tier 2	MO; QL (200 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 2	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Tier 2	MO
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	MO

Drug	Status	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	MO
LUCEMYRA ORAL TABLET	Tier 5	MO; NEDS
<i>naltrexone hcl oral tablet</i>	Tier 1	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	MO; NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	MO
<i>naloxone hcl injection solution cartridge</i>	Tier 6	MO
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	MO
NARCAN NASAL LIQUID	Tier 6	MO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	MO
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier 4	MO; QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier 4	MO; QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier 4	MO; QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier 4	MO
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	MO; HI
<i>gentak ophthalmic ointment</i>	Tier 1	MO
<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	MO; HI
<i>gentamicin sulfate external cream</i>	Tier 3	MO
<i>gentamicin sulfate external ointment</i>	Tier 3	MO
<i>gentamicin sulfate injection solution 10 mg/ml</i>	Tier 6	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 6	MO; HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	MO
<i>neomycin sulfate oral tablet</i>	Tier 2	MO
<i>paromomycin sulfate oral capsule</i>	Tier 2	MO
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 4	MO
<i>tobramycin ophthalmic solution</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 6	MO; HI
ZEMDRI INTRAVENOUS SOLUTION	Tier 6	MO; HI
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 2	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	MO
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	MO
<i>clindamycin hcl oral capsule</i>	Tier 2	MO
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 2	MO
<i>clindamycin phosphate external gel</i>	Tier 2	MO; QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	MO
<i>clindamycin phosphate external solution</i>	Tier 2	MO; QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 6	MO; HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Tier 6	MO; HI
<i>clindamycin phosphate vaginal cream</i>	Tier 2	MO
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 6	MO; HI
<i>dalvance intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>daptomycin intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>firvanq oral solution reconstituted 25 mg/ml</i>	Tier 1	MO
<i>fosfomycin tromethamine oral packet</i>	Tier 2	MO
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 6	MO; HI
<i>linezolid oral suspension reconstituted</i>	Tier 5	MO; NEDS
<i>linezolid oral tablet</i>	Tier 2	MO
<i>methenamine hippurate oral tablet</i>	Tier 2	MO
<i>metronidazole external cream</i>	Tier 2	MO
<i>metronidazole external gel</i>	Tier 2	MO
<i>metronidazole external lotion</i>	Tier 4	MO
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	Tier 6	MO; HI
<i>metronidazole oral tablet</i>	Tier 1	MO
<i>metronidazole vaginal gel</i>	Tier 2	MO
<i>mupirocin external ointment</i>	Tier 2	MO; QL (220 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 2	MO
<i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i>	Tier 2	MO; QL (56 EA per 14 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 2	MO
<i>nitrofurantoin oral suspension</i>	Tier 5	MO; NEDS
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 6	MO; HI
PRIMSOL ORAL SOLUTION	Tier 4	MO
<i>rosadan external cream</i>	Tier 2	MO
<i>rosadan external gel</i>	Tier 2	MO
<i>silver sulfadiazine external cream</i>	Tier 2	MO
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
<i>ssd external cream</i>	Tier 2	MO
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>tinidazole oral tablet</i>	Tier 2	MO
<i>trimethoprim oral tablet</i>	Tier 2	MO
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	Tier 6	MO; HI
VANCOMYCIN HCL ORAL CAPSULE 125 MG	Tier 3	PA; MO; QL (120 EA per 30 days)
VANCOMYCIN HCL ORAL CAPSULE 250 MG	Tier 3	PA; MO; QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	Tier 1	MO
<i>vandazole vaginal gel</i>	Tier 2	MO
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	MO
<i>cefaclor oral capsule</i>	Tier 2	MO
<i>cefadroxil oral capsule</i>	Tier 2	MO
<i>cefadroxil oral suspension reconstituted</i>	Tier 2	MO
<i>cefadroxil oral tablet</i>	Tier 2	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 6	MO; HI
<i>cefdinir oral capsule</i>	Tier 2	MO
<i>cefdinir oral suspension reconstituted</i>	Tier 2	MO

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

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

Drug	Status	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	MO; HI
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	MO
<i>penicillin v potassium oral tablet</i>	Tier 1	MO
<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	MO; HI
<i>zosyn intravenous solution 2-0.25 gm/50ml, 3-0.375 gm/50ml</i>	Tier 6	MO; HI
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Tier 4	MO
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	MO
<i>azithromycin oral tablet</i>	Tier 1	MO
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>clarithromycin oral suspension reconstituted</i>	Tier 2	MO
<i>clarithromycin oral tablet</i>	Tier 2	MO
<i>e.e.s. 400 oral tablet</i>	Tier 2	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 6	MO; HI
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	MO
<i>erythromycin base oral tablet</i>	Tier 2	MO
<i>erythromycin base oral tablet delayed release</i>	Tier 1	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier 1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	MO
<i>erythromycin ophthalmic ointment</i>	Tier 1	MO
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	MO
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
CILOXAN OPHTHALMIC OINTMENT	Tier 3	MO
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 6	MO; HI

Drug	Status	Requirements/Limits
<i>gatifloxacin ophthalmic solution</i>	Tier 2	MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 6	MO; HI
<i>levofloxacin intravenous solution</i>	Tier 6	MO; HI
<i>levofloxacin ophthalmic solution</i>	Tier 2	MO
<i>levofloxacin oral solution</i>	Tier 2	MO
<i>levofloxacin oral tablet</i>	Tier 1	MO
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 6	MO; HI
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	MO
<i>moxifloxacin hcl oral tablet</i>	Tier 2	MO
<i>ofloxacin ophthalmic solution</i>	Tier 2	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	MO
<i>ofloxacin otic solution</i>	Tier 2	MO
Sulfonamides		
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT	Tier 4	MO
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	MO
<i>sulfadiazine oral tablet</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	MO
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	ST; MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	ST; MO
<i>doxycycline monohydrate oral capsule</i>	Tier 2	MO
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 2	MO
<i>doxycycline monohydrate oral tablet</i>	Tier 2	MO
<i>minocycline hcl oral capsule</i>	Tier 2	MO
<i>minocycline hcl oral tablet</i>	Tier 2	ST; MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	Tier 2	MO
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
<i>tetracycline hcl oral capsule</i>	Tier 2	MO
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Tier 5	PA NS; MO; NEDS

Drug	Status	Requirements/Limits
DIACOMIT ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL PACKET	Tier 5	PA NS; MO; NEDS
FINTEPLA ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>levetiracetam oral solution</i>	Tier 2	MO
<i>levetiracetam oral tablet</i>	Tier 2	MO
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 4	MO; QL (56 EA per 28 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG	Tier 4	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 4	MO; QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	MO; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	MO; QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	Tier 4	MO
<i>ethosuximide oral capsule</i>	Tier 2	MO
<i>ethosuximide oral solution</i>	Tier 2	MO
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	Tier 2	PA NS; MO
<i>clobazam oral tablet 10 mg</i>	Tier 3	PA NS; MO
CLOBAZAM ORAL TABLET 20 MG	Tier 3	PA NS; MO
<i>clonazepam oral tablet</i>	Tier 1	MO
<i>clonazepam oral tablet dispersible</i>	Tier 2	MO
<i>diazepam oral concentrate</i>	Tier 2	MO; QL (1200 ML per 30 days)
<i>diazepam rectal gel</i>	Tier 2	MO

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

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

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

Drug	Status	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	MO; 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 2	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; MO
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier 3	MO
<i>fluoxetine hcl oral capsule</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 2	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet</i>	Tier 2	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>maprotiline hcl oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 2	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
PAXIL ORAL SUSPENSION	Tier 4	MO
<i>sertraline hcl oral concentrate</i>	Tier 2	MO
<i>sertraline hcl oral tablet</i>	Tier 1	MO
<i>trazodone hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
VIIBRYD ORAL TABLET	Tier 4	PA NS; MO
VIIBRYD STARTER PACK ORAL KIT	Tier 4	PA NS; MO
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 2	PA NS; MO
<i>amoxapine oral tablet</i>	Tier 2	MO
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier 2	MO
<i>clomipramine hcl oral capsule</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>desipramine hcl oral tablet</i>	Tier 2	MO
<i>doxepin hcl oral capsule</i>	Tier 2	PA NS; MO
<i>doxepin hcl oral concentrate</i>	Tier 2	PA NS; 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 2	MO
<i>perphenazine-amitriptyline oral tablet</i>	Tier 2	MO
<i>protriptyline hcl oral tablet</i>	Tier 2	MO
<i>trimipramine maleate oral capsule</i>	Tier 2	MO
Antiemetics		
Antiemetics, Other		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	Tier 2	MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	MO
<i>promethazine hcl injection solution</i>	Tier 2	MO
<i>promethazine hcl oral syrup</i>	Tier 1	MO
<i>promethazine hcl oral tablet</i>	Tier 1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	MO
<i>promethegan rectal suppository 25 mg, 50 mg</i>	Tier 2	MO
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	MO
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	Tier 2	PA; MO
<i>dronabinol oral capsule</i>	Tier 3	B/D; MO
EMEND ORAL SUSPENSION RECONSTITUTED	Tier 4	PA; MO
<i>granisetron hcl oral tablet</i>	Tier 2	B/D; MO
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	MO
<i>ondansetron hcl oral solution</i>	Tier 2	B/D; MO
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D; MO
<i>ondansetron oral tablet dispersible</i>	Tier 2	B/D; MO
SYNDROS ORAL SOLUTION	Tier 5	B/D; MO; NEDS
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D; MO; HI
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier 6	B/D; MO; HI
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; MO; HI

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

Drug	Status	Requirements/Limits
<i>nystatin mouth/throat suspension</i>	Tier 2	MO
<i>nystatin oral tablet</i>	Tier 2	MO
<i>nystatin-triamcinolone external cream</i>	Tier 3	MO
<i>nystatin-triamcinolone external ointment</i>	Tier 3	MO
<i>nystop external powder</i>	Tier 2	MO; QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	Tier 3	MO
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	MO; QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	MO
<i>terconazole vaginal suppository</i>	Tier 2	MO
<i>voriconazole intravenous solution reconstituted</i>	Tier 6	PA; MO; HI
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; MO; NEDS
<i>voriconazole oral tablet</i>	Tier 2	PA; MO
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	Tier 1	MO
<i>colchicine oral capsule</i>	Tier 2	MO
<i>colchicine oral tablet</i>	Tier 2	MO
<i>colchicine-probenecid oral tablet</i>	Tier 2	MO
<i>febuxostat oral tablet</i>	Tier 2	MO
<i>probenecid oral tablet</i>	Tier 2	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	MO
Nonsteroidal Anti-Inflammatory Drugs		
<i>etodolac oral capsule</i>	Tier 2	MO
<i>etodolac oral tablet</i>	Tier 2	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
Antimigraine Agents		
Antimigraine Agents		
UBRELVY ORAL TABLET	Tier 5	PA; MO; QL (16 EA per 30 days); NEDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	MO; QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 3	MO
<i>ergotamine-caffeine oral tablet</i>	Tier 2	MO
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>timolol maleate oral tablet</i>	Tier 2	MO
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	MO; QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	MO; QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	MO; QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	MO; QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	Tier 4	MO
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 3	MO
<i>pyridostigmine bromide oral solution</i>	Tier 5	MO; NEDS
<i>pyridostigmine bromide oral tablet</i>	Tier 2	MO
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 2	MO
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	Tier 4	MO
<i>ethambutol hcl oral tablet</i>	Tier 2	MO
ISONIAZID ORAL SYRUP	Tier 4	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PASER ORAL PACKET	Tier 4	MO
<i>pretomanid oral tablet</i>	Tier 2	MO
PRIFTIN ORAL TABLET	Tier 4	MO
<i>pyrazinamide oral tablet</i>	Tier 2	MO
<i>rifampin intravenous solution reconstituted</i>	Tier 6	MO; HI
<i>rifampin oral capsule</i>	Tier 2	MO
SIRTURO ORAL TABLET	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
TRECATOR ORAL TABLET	Tier 4	MO
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D; MO
<i>cyclophosphamide oral tablet</i>	Tier 2	B/D; MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	MO
LEUKERAN ORAL TABLET	Tier 5	MO; NEDS
MATULANE ORAL CAPSULE	Tier 5	MO; NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 2	MO
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; MO; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS; MO
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; MO; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	MO
ERLEADA ORAL TABLET	Tier 5	PA NS; MO; NEDS
<i>flutamide oral capsule</i>	Tier 2	MO
<i>nilutamide oral tablet</i>	Tier 5	MO; NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; MO; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; MO; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; MO; NEDS
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
REVLIMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 5	MO; NEDS
<i>fulvestrant intramuscular solution</i>	Tier 5	MO; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
Antimetabolites		
<i>hydroxyurea oral capsule</i>	Tier 2	MO
INQOVI ORAL TABLET	Tier 5	PA NS; MO; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; MO; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
ONUREG ORAL TABLET	Tier 4	PA NS; MO
PURIXAN ORAL SUSPENSION	Tier 5	MO; NEDS
SIKLOS ORAL TABLET 100 MG	Tier 4	PA; MO
SIKLOS ORAL TABLET 1000 MG	Tier 5	PA; MO; NEDS
TABLOID ORAL TABLET	Tier 4	MO
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; MO; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 2	B/D; MO
COTELLIC ORAL TABLET	Tier 5	PA NS; MO; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; MO; NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; MO; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	MO
LUMAKRAS ORAL TABLET	Tier 5	PA NS; MO; QL (8 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	MO; NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; MO; NEDS
RETEVMO ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; MO; NEDS
TAGRISO ORAL TABLET	Tier 5	PA NS; MO; NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; MO; NEDS
VELCADE INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 4	PA NS; MO
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA NS; MO; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS

Drug	Status	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 2	MO
<i>letrozole oral tablet</i>	Tier 2	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; MO; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; MO; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; MO; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; MO; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; MO; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; MO; NEDS
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier 5	PA NS; MO; NEDS
AFINITOR ORAL TABLET 10 MG	Tier 5	PA NS; MO; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
ALUNBRIG ORAL TABLET	Tier 5	PA NS; MO; NEDS

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

Drug	Status	Requirements/Limits
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; MO; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; MO; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; MO; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; MO; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; MO; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; MO; NEDS
NEXAVAR ORAL TABLET	Tier 5	PA NS; MO; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; MO; NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; MO; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; MO; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
SPRYCEL ORAL TABLET	Tier 5	PA NS; MO; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; MO; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; MO; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; MO; NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; MO; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; MO; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; QL (21 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; QL (42 EA per 28 days); NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; QL (42 EA per 28 days); NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; MO; QL (63 EA per 28 days); NEDS
TURALIO ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
UKONIQ ORAL TABLET	Tier 5	PA NS; MO; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; MO; NEDS
VOTRIENT ORAL TABLET	Tier 5	PA NS; MO; NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
ZEJULA ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; MO; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; MO; NEDS
Retinoids		
<i>bexarotene oral capsule</i>	Tier 5	MO; NEDS
PANRETIN EXTERNAL GEL	Tier 5	MO; NEDS
TARGRETIN EXTERNAL GEL	Tier 5	PA NS; MO; NEDS
<i>tretinoin oral capsule</i>	Tier 5	MO; NEDS
Treatment Adjuncts		
<i>leucovorin calcium oral tablet</i>	Tier 2	MO
MESNEX ORAL TABLET	Tier 5	MO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 5	MO; NEDS
<i>ivermectin oral tablet</i>	Tier 2	MO
<i>praziquantel oral tablet</i>	Tier 2	MO
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 5	MO; NEDS
<i>atovaquone oral suspension</i>	Tier 2	MO
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	MO
<i>chloroquine phosphate oral tablet</i>	Tier 2	MO
COARTEM ORAL TABLET	Tier 4	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	MO
IMPAVIDO ORAL CAPSULE	Tier 5	MO; NEDS
KRINTAFEL ORAL TABLET	Tier 4	MO
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D; MO
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	MO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	MO
<i>pyrimethamine oral tablet</i>	Tier 5	MO; NEDS
<i>quinine sulfate oral capsule</i>	Tier 2	PA; MO
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	Tier 2	MO
<i>malathion external lotion</i>	Tier 2	MO
<i>permethrin external cream</i>	Tier 3	MO
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	PA NS; MO
<i>trihexyphenidyl hcl oral solution</i>	Tier 2	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	MO
<i>tolcapone oral tablet</i>	Tier 5	MO; NEDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 2	MO
KYNMOBI SUBLINGUAL FILM	Tier 5	PA; MO; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier 2	MO
INBRIJA INHALATION CAPSULE	Tier 5	PA; MO; QL (10 EA per 1 day); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Tier 2	MO
<i>selegiline hcl oral capsule</i>	Tier 2	MO
<i>selegiline hcl oral tablet</i>	Tier 2	MO
ZELAPAR ORAL TABLET DISPERSIBLE	Tier 5	MO; NEDS
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	MO
<i>chlorpromazine hcl oral concentrate</i>	Tier 2	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 2	MO
<i>fluphenazine decanoate injection solution</i>	Tier 2	MO
FLUPHENAZINE HCL INJECTION SOLUTION	Tier 4	MO
FLUPHENAZINE HCL ORAL CONCENTRATE	Tier 4	MO
FLUPHENAZINE HCL ORAL ELIXIR	Tier 4	MO
<i>fluphenazine hcl oral tablet</i>	Tier 2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	Tier 2	MO
<i>haloperidol lactate injection solution</i>	Tier 2	MO
<i>haloperidol lactate oral concentrate</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 2	MO
<i>perphenazine oral tablet</i>	Tier 2	MO
<i>pimozide oral tablet</i>	Tier 2	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	MO
<i>thioridazine hcl oral tablet</i>	Tier 1	MO
<i>thiothixene oral capsule</i>	Tier 2	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 2	MO
<i>aripiprazole oral tablet</i>	Tier 2	MO
<i>aripiprazole oral tablet dispersible</i>	Tier 5	MO; NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 2	PA NS; MO
CAPLYTA ORAL CAPSULE	Tier 5	MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA NS; MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	Tier 5	PA NS; MO; NEDS
FANAPT TITRATION PACK ORAL TABLET	Tier 4	PA NS; MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	MO; NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	MO; NEDS
LATUDA ORAL TABLET	Tier 5	MO; NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 2	MO
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet</i>	Tier 2	MO
REXULTI ORAL TABLET	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	Tier 3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Tier 5	MO; NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	PA NS; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	PA NS; MO
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	MO
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	MO
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 2	MO
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 5	MO; NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	MO; NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 2	MO
<i>dantrolene sodium oral capsule</i>	Tier 2	MO
<i>tizanidine hcl oral tablet</i>	Tier 2	MO
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 2	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	MO
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 2	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	PA; MO; NEDS
<i>entecavir oral tablet</i>	Tier 2	PA; MO

Drug	Status	Requirements/Limits
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
INTRON A INJECTION SOLUTION	Tier 5	MO; NEDS
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET	Tier 5	PA; MO; NEDS
HARVONI ORAL PACKET	Tier 5	PA; MO; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; MO; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 5	PA; MO; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; MO; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL TABLET	Tier 5	PA; MO; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; MO; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	MO; NEDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	Tier 5	MO; NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>ribavirin oral capsule</i>	Tier 2	MO
<i>ribavirin oral tablet 200 mg</i>	Tier 2	MO
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	MO
<i>acyclovir oral suspension</i>	Tier 2	MO
<i>acyclovir oral tablet</i>	Tier 1	MO
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; MO; HI
<i>famciclovir oral tablet</i>	Tier 2	MO
SITAVIG BUCCAL TABLET	Tier 4	MO
<i>trifluridine ophthalmic solution</i>	Tier 2	MO
<i>valacyclovir hcl oral tablet</i>	Tier 2	MO
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	Tier 5	MO; NEDS
GENVOYA ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
ISENRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; NEDS
ISENRESS ORAL TABLET CHEWABLE 25 MG	Tier 3	MO
STRIBILD ORAL TABLET	Tier 5	MO; NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Tier 3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	MO; NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 3	MO
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Tier 5	MO; NEDS
EDURANT ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz oral capsule</i>	Tier 1	MO
<i>efavirenz oral tablet</i>	Tier 1	MO
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier 2	MO
<i>etravirine oral tablet 100 mg</i>	Tier 2	MO
<i>etravirine oral tablet 200 mg</i>	Tier 5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nevirapine oral suspension</i>	Tier 2	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
ODEFSEY ORAL TABLET	Tier 5	MO; NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 1	MO
<i>abacavir sulfate oral tablet</i>	Tier 2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier 5	MO; NEDS
CIMDUO ORAL TABLET	Tier 5	MO; NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; NEDS
DESCOVY ORAL TABLET	Tier 5	MO; NEDS
DOVATO ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>emtricitabine oral capsule</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 5	MO; NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 2	MO
EMTRIVA ORAL SOLUTION	Tier 4	MO
JULUCA ORAL TABLET	Tier 5	MO; NEDS
<i>lamivudine oral solution</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO
<i>stavudine oral capsule</i>	Tier 2	MO
TEMIXYS ORAL TABLET	Tier 5	MO; NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
TRIUMEQ ORAL TABLET	Tier 5	MO; NEDS
VIREAD ORAL POWDER	Tier 5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO
<i>zidovudine oral syrup</i>	Tier 2	MO
<i>zidovudine oral tablet</i>	Tier 2	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 5	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Tier 5	MO; NEDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	Tier 5	MO; NEDS
SELZENTRY ORAL TABLET 25 MG	Tier 3	MO
TYBOST ORAL TABLET	Tier 3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; NEDS
APTIVUS ORAL SOLUTION	Tier 5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	MO
CRIXIVAN ORAL CAPSULE 400 MG	Tier 3	MO
EVOTAZ ORAL TABLET	Tier 5	MO; NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; NEDS
INVIRASE ORAL TABLET	Tier 5	MO; NEDS
LEXIVA ORAL SUSPENSION	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>lopinavir-ritonavir oral tablet</i>	Tier 2	MO
NORVIR ORAL PACKET	Tier 3	MO
NORVIR ORAL SOLUTION	Tier 3	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	Tier 5	MO; NEDS
REYATAZ ORAL PACKET	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 2	MO
VIRACEPT ORAL TABLET	Tier 5	MO; NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral syrup</i>	Tier 2	MO
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	MO
<i>rimantadine hcl oral tablet</i>	Tier 2	MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	Tier 3	MO
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	Tier 2	MO
<i>doxepin hcl oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	Tier 2	PA NS; MO
<i>hydroxyzine hcl oral tablet</i>	Tier 2	PA NS; MO
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	MO
<i>alprazolam oral tablet</i>	Tier 1	MO
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	MO
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>clorazepate dipotassium oral tablet</i>	Tier 2	MO
<i>diazepam oral concentrate</i>	Tier 2	MO; QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	MO
<i>diazepam oral tablet 10 mg</i>	Tier 1	MO; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	MO; QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Tier 2	MO
<i>lorazepam intensol oral concentrate</i>	Tier 2	MO; QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	MO; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	MO; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	MO; QL (150 EA per 30 days)
<i>oxazepam oral capsule</i>	Tier 2	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier 2	MO
<i>ziprasidone hcl oral capsule</i>	Tier 2	MO
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
LITHIUM ORAL SOLUTION	Tier 4	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 2	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO

Drug	Status	Requirements/Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
CYCLOSET ORAL TABLET	Tier 4	MO
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet</i>	Tier 1	MO
<i>glyburide micronized oral tablet</i>	Tier 2	PA NS; MO
<i>glyburide oral tablet</i>	Tier 2	PA NS; MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral solution</i>	Tier 2	MO
<i>metformin hcl oral tablet</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYNJARDY ORAL TABLET	Tier 3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TOLBUTAMIDE ORAL TABLET	Tier 4	MO
TRADJENTA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO

Drug	Status	Requirements/Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Tier 2	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	PA NS; MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3	MO; QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3	MO; QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	Tier 3	MO; QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	MO; QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 2	MO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier 3	MO
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	MO
Insulins		
CVS GAUZE STERILE PAD 2"X2"	Tier 4	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO

Drug	Status	Requirements/Limits
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	MO
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO

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

Drug	Status	Requirements/Limits
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	Tier 4	PA; MO
DEXCOM G4 PLAT PED RECEIVER DEVICE	Tier 4	PA; MO
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	Tier 4	PA; MO
DEXCOM G4 PLATINUM RECEIVER DEVICE	Tier 4	PA; MO
DEXCOM G4 PLATINUM TRANSMITTER	Tier 4	PA; MO
DEXCOM G4 SENSOR	Tier 4	PA; MO
DEXCOM G5 MOB/G4 PLAT SENSOR	Tier 4	PA; MO
DEXCOM G5 MOBILE RECEIVER DEVICE	Tier 4	PA; MO
DEXCOM G5 MOBILE TRANSMITTER	Tier 4	PA; MO
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA; MO
DEXCOM G6 SENSOR	Tier 4	PA; MO
DEXCOM G6 TRANSMITTER	Tier 4	PA; MO
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
ENLITE GLUCOSE SENSOR	Tier 4	PA; MO
EVERSENSE SENSOR/HOLDER	Tier 4	PA; MO
EVERSENSE SMART TRANSMITTER	Tier 4	PA; MO
EXACTECH R-S-G TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
EXACTECH TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 4	PA; MO
FREESTYLE LIBRE 14 DAY SENSOR	Tier 4	PA; MO
FREESTYLE LIBRE READER DEVICE	Tier 4	PA; MO
FREESTYLE LIBRE SENSOR SYSTEM	Tier 4	PA; MO
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
GUARDIAN CONNECT TRANSMITTER	Tier 4	PA; MO
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA; MO
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA; MO
GUARDIAN SENSOR (3)	Tier 4	PA; MO
ONETOUCH ULTRA 2 KIT	Tier 3	MO; QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT	Tier 3	MO; QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT	Tier 3	MO; QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	Tier 3	MO; QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Tier 3	MO; QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Tier 3	MO; QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Tier 3	MO; QL (1 EA per 365 days)
OPTIUM TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION PCX IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION PCX PLUS TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION POINT OF CARE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION QID TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION SOF-TACT TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; MO; QL (5 EA per 1 day)
Blood Products And Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	MO
ELIQUIS ORAL TABLET	Tier 3	MO
PRADAXA ORAL CAPSULE	Tier 4	MO
XARELTO ORAL TABLET	Tier 3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	MO
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; MO; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 2	MO
TAVALISSE ORAL TABLET	Tier 5	PA; MO; NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>enoxaparin sodium injection solution</i>	Tier 2	MO
<i>enoxaparin sodium subcutaneous solution</i>	Tier 2	MO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	MO; NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	MO
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier 5	MO; NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier 3	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 2	MO
CABLIVI INJECTION KIT	Tier 5	PA; MO; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
MULPLETA ORAL TABLET	Tier 5	PA; MO; NEDS
OXBRYTA ORAL TABLET	Tier 5	PA; MO; QL (5 EA per 1 day); NEDS
PROMACTA ORAL PACKET	Tier 5	PA; MO; NEDS
PROMACTA ORAL TABLET	Tier 5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA; MO
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier 5	PA; MO; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	MO
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 2	MO
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	MO
BRILINTA ORAL TABLET	Tier 3	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	MO; QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 2	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly</i>	Tier 2	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet</i>	Tier 2	MO
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilxetil oral tablet</i>	Tier 2	MO
<i>candesartan cilxetil-hctz oral tablet</i>	Tier 2	MO
ENTRESTO ORAL TABLET	Tier 3	MO
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 2	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 2	MO
<i>telmisartan oral tablet</i>	Tier 2	MO
<i>telmisartan-hctz oral tablet</i>	Tier 2	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 2	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>disopyramide phosphate oral capsule</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 2	MO
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 2	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sorine oral tablet</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 2	MO
<i>bisoprolol fumarate oral tablet</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>carvedilol oral tablet</i>	Tier 1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 1	MO
<i>labetalol hcl oral tablet</i>	Tier 2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet</i>	Tier 1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>pindolol oral tablet</i>	Tier 2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>propranolol hcl oral solution</i>	Tier 2	MO
<i>propranolol hcl oral tablet</i>	Tier 2	MO
<i>propranolol-hctz oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 2	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>amlodipine-valsartan-hctz oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Tier 4	MO
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 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 coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</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 oral tablet</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 2	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 2	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>nifedipine oral capsule</i>	Tier 2	MO
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tiadyt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet</i>	Tier 1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 4	PA; MO
CORLANOR ORAL TABLET	Tier 4	PA; MO
<i>digitek oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>digox oral tablet</i>	Tier 2	MO
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet</i>	Tier 2	MO
<i>droxidopa oral capsule</i>	Tier 5	PA; MO; NEDS
<i>metyrosine oral capsule</i>	Tier 5	MO; NEDS
NEXLETOL ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
ORLADEYO ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 2	MO
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO
VERQUVO ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	Tier 2	MO
<i>methazolamide oral tablet</i>	Tier 2	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution</i>	Tier 6	MO; HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torseamide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>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 2	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 2	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral tablet</i>	Tier 2	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier 2	MO
<i>niacor oral tablet</i>	Tier 2	MO
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO

Drug	Status	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM	Tier 4	MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 5	MO; NEDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
<i>minitran transdermal patch 24 hour</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 2	MO
RECTIV RECTAL OINTMENT	Tier 4	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule</i>	Tier 2	MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	PA; MO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 2	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	Tier 2	MO
<i>relexxii oral tablet extended release</i>	Tier 2	MO; QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
EXSERVAN ORAL FILM	Tier 5	MO; QL (2 EA per 1 day); NEDS
FIRDAPSE ORAL TABLET	Tier 5	PA; MO; NEDS
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; MO; NEDS
HETLIOZ ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; MO; NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>riluzole oral tablet</i>	Tier 2	MO
<i>tetrabenazine oral tablet</i>	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
TIGLUTIK ORAL SUSPENSION	Tier 5	MO; QL (20 ML per 1 day); NEDS
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Tier 2	PA NS; MO
<i>pregabalin oral solution</i>	Tier 2	PA NS; MO
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	MO
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	Tier 5	PA; MO; NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	MO; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	MO; NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	MO; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 5	PA; MO; NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 5	PA; MO; NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier 5	PA; MO; NEDS
GILENYA ORAL CAPSULE 0.5 MG	Tier 5	PA; MO; NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
Dental And Oral Agents		
Dental And Oral Agent		
PREVIDENT 5000 PLUS DENTAL CREAM	Tier 3	MO; NT
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	MO
<i>periogard mouth/throat solution</i>	Tier 1	MO
<i>pilocarpine hcl oral tablet</i>	Tier 2	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	Tier 3	MO; NT
PREVIDENT DENTAL GEL	Tier 3	MO; NT
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Dermatological Agents		
Dermatological Agents		
ABREVA EXTERNAL CREAM	Tier 3	MO; NT
<i>acitretin oral capsule</i>	Tier 2	MO
<i>acyclovir external ointment</i>	Tier 2	MO; QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	MO
<i>adapalene external solution</i>	Tier 5	MO; NEDS
ALA-QUIN EXTERNAL CREAM	Tier 3	MO; NT
<i>ammonium lactate external cream</i>	Tier 3	MO
<i>ammonium lactate external lotion</i>	Tier 2	MO
<i>azelaic acid external gel</i>	Tier 3	MO
<i>calcipotriene external cream</i>	Tier 3	MO; QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	MO; QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	MO; QL (120 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>clobetasol prop emollient base external cream</i>	Tier 4	MO; QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	MO; QL (60 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 4	MO
<i>clobetasol propionate external foam</i>	Tier 4	MO
<i>clobetasol propionate external lotion</i>	Tier 4	MO
<i>clobetasol propionate external shampoo</i>	Tier 4	MO
<i>clocortolone pivalate external cream</i>	Tier 2	MO
CLODAN EXTERNAL SHAMPOO	Tier 4	MO
<i>clotrimazole-betamethasone external cream</i>	Tier 2	MO
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	MO
CONDYLOX EXTERNAL GEL	Tier 4	MO
CORTANE-B EXTERNAL LOTION	Tier 3	MO; NT
DERMAZENE EXTERNAL CREAM	Tier 3	MO; NT
<i>diclofenac sodium external gel 1 %</i>	Tier 2	MO; QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	MO; QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	MO; QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	ST; MO
DUOBRII EXTERNAL LOTION	Tier 5	PA; MO; NEDS
<i>erythromycin external gel</i>	Tier 2	MO
<i>erythromycin external solution</i>	Tier 2	MO
<i>fluorouracil external cream 0.5 %</i>	Tier 5	MO; NEDS
<i>fluorouracil external cream 5 %</i>	Tier 2	MO
<i>fluorouracil external solution</i>	Tier 4	MO

Drug	Status	Requirements/Limits
<i>hydrocortisone (perianal) external cream</i>	Tier 2	MO
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 2	MO; NT
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 2	MO; NT
<i>hydrocort-pramoxine (perianal) external cream</i>	Tier 2	MO; NT
<i>imiquimod external cream 5 %</i>	Tier 4	MO
<i>iodoquinol-hc-aloe polysacch external gel</i>	Tier 2	MO; NT
<i>iodoquinol-hydrocortisone-aloe external cream</i>	Tier 2	MO; NT
<i>methoxsalen rapid oral capsule</i>	Tier 5	MO; NEDS
<i>mupirocin calcium external cream</i>	Tier 2	MO
OTEZLA ORAL TABLET	Tier 5	PA; MO; NEDS
<i>pimecrolimus external cream</i>	Tier 3	MO
<i>podofilox external solution</i>	Tier 2	MO
PRAMOSONE EXTERNAL CREAM	Tier 3	MO; NT
PRAMOSONE EXTERNAL OINTMENT	Tier 3	MO; NT
<i>procto-med hc external cream</i>	Tier 2	MO
<i>procto-pak external cream</i>	Tier 2	MO
<i>proctosol hc external cream</i>	Tier 2	MO
<i>proctozone-hc external cream</i>	Tier 2	MO
REGRANEX EXTERNAL GEL	Tier 5	MO; NEDS
SANTYL EXTERNAL OINTMENT	Tier 3	MO; QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	MO
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	MO
<i>sulfacetamide sodium-sulfur external emulsion</i>	Tier 2	MO
<i>tacrolimus external ointment</i>	Tier 3	MO
<i>tazarotene external cream</i>	Tier 3	MO
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	MO
TAZORAC EXTERNAL GEL	Tier 4	MO
TOVET EXTERNAL FOAM	Tier 4	MO
<i>tretinoin external cream</i>	Tier 2	MO
<i>tretinoin external gel</i>	Tier 2	MO
VYTONE EXTERNAL CREAM	Tier 3	MO; NT
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; MO; HI
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	Tier 6	B/D; MO; HI
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI

Drug	Status	Requirements/Limits
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	MO; 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	MO; HI
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	Tier 6	MO; HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 2	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	MO; HI
ORACIT ORAL SOLUTION	Tier 4	MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 6	MO; HI
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 6	MO; HI
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	Tier 6	MO; HI
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 6	MO; HI
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 6	MO; HI
<i>potassium chloride oral packet</i>	Tier 2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	MO
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; MO; HI

Drug	Status	Requirements/Limits
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	MO; HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier 4	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; MO; HI
Electrolyte/Mineral/Metal Modifiers		
CARBAGLU ORAL TABLET	Tier 5	PA; MO; NEDS
<i>clovique oral capsule</i>	Tier 5	MO; NEDS
<i>deferasirox oral tablet soluble</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS
DOJOLVI ORAL LIQUID	Tier 5	PA; MO; NEDS
FERRIPROX ORAL TABLET 1000 MG	Tier 5	PA; MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; MO; NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier 5	PA; MO; NEDS
<i>penicillamine oral tablet</i>	Tier 5	MO; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	MO
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; MO; NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; MO; NEDS
TRIENTINE HCL ORAL CAPSULE	Tier 5	MO; NEDS
VELTASSA ORAL PACKET	Tier 5	MO; NEDS
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI

Drug	Status	Requirements/Limits
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	MO; HI
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	MO; HI
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	MO; HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; MO; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; MO; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	MO; HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; MO; HI
PROCALAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	MO; HI
Vitamins		
<i>doxercalciferol oral capsule</i>	Tier 3	MO
PNV-DHA ORAL CAPSULE	Tier 4	MO
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	MO
PRENATAL PLUS IRON ORAL TABLET	Tier 4	MO
<i>vp-pnv-dha oral capsule</i>	Tier 2	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 1	MO
<i>dicyclomine hcl oral solution</i>	Tier 2	MO
<i>dicyclomine hcl oral tablet</i>	Tier 2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	MO
<i>methscopolamine bromide oral tablet</i>	Tier 4	MO
Gastrointestinal Agents, Other		
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	MO
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	MO
<i>metoclopramide hcl injection solution</i>	Tier 2	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	MO
<i>metoclopramide hcl oral tablet</i>	Tier 1	MO

Drug	Status	Requirements/Limits
MOTOFEN ORAL TABLET	Tier 4	MO
MOVANTIK ORAL TABLET	Tier 3	PA; MO
OCALIVA ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier 4	MO
RELISTOR ORAL TABLET	Tier 5	PA; MO; NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 4	MO
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	MO
<i>cimetidine oral tablet</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO
<i>lubiprostone oral capsule</i>	Tier 3	MO
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	MO
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	MO
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	MO
<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	MO
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	MO
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 2	MO
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	MO
<i>trilyte oral solution reconstituted</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 2	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier 3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO
<i>lansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE	Tier 3	MO; NT; QL (60 EA per 30 days)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	MO; HI
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTADANE ORAL POWDER	Tier 5	MO; NEDS
CYSTAGON ORAL CAPSULE	Tier 4	MO
ENDARI ORAL PACKET	Tier 5	PA; MO; NEDS
GALAFOLD ORAL CAPSULE	Tier 5	PA; MO; NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	MO; HI
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule</i>	Tier 5	PA; MO; NEDS
ORFADIN ORAL CAPSULE 20 MG	Tier 5	PA; MO; NEDS
ORFADIN ORAL SUSPENSION	Tier 5	PA; MO; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
RAVICTI ORAL LIQUID	Tier 5	MO; NEDS
RUZURGI ORAL TABLET	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg</i>	Tier 2	PA; MO
<i>sapropterin dihydrochloride oral packet 500 mg</i>	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	MO

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>flavoxate hcl oral tablet</i>	Tier 2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral syrup</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>trospium chloride oral tablet</i>	Tier 2	MO

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	MO
ELMIRON ORAL CAPSULE	Tier 4	MO
Phosphate Binders		
AURYXIA ORAL TABLET	Tier 5	PA; MO; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO
<i>calcium acetate (phos binder) oral tablet</i>	Tier 2	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 2	MO
<i>sevelamer carbonate oral packet</i>	Tier 5	MO; NEDS
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	Tier 5	PA; MO; NEDS
<i>ala-cort external cream</i>	Tier 2	MO; QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	MO; QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	MO; QL (240 GM per 30 days)
<i>amcinonide external cream</i>	Tier 2	MO
<i>amcinonide external lotion</i>	Tier 2	MO; QL (180 ML per 30 days)
AMCINONIDE EXTERNAL OINTMENT	Tier 4	MO
BESER EXTERNAL LOTION	Tier 4	MO; QL (240 ML per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	MO; QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	MO; QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	MO; QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	MO; QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	MO; QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	MO; QL (150 GM per 30 days)
CAPEX EXTERNAL SHAMPOO	Tier 4	MO

Drug	Status	Requirements/Limits
<i>clobetasol propionate external cream</i>	Tier 2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Tier 3	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external solution</i>	Tier 3	MO; QL (59 ML per 30 days)
<i>desonide external cream</i>	Tier 4	MO; QL (240 GM per 30 days)
<i>desonide external lotion</i>	Tier 4	MO; QL (240 ML per 30 days)
<i>desonide external ointment</i>	Tier 4	MO; QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>desoximetasone external gel</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>desoximetasone external ointment</i>	Tier 4	MO; QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	MO
<i>dexamethasone oral elixir</i>	Tier 2	MO
<i>dexamethasone oral solution</i>	Tier 2	MO
<i>dexamethasone oral tablet</i>	Tier 1	MO
<i>dexamethasone oral tablet therapy pack</i>	Tier 2	MO
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	MO
<i>diflorasone diacetate external cream</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 4	MO; QL (180 GM per 30 days)
EMFLAZA ORAL SUSPENSION	Tier 5	PA; MO; NEDS
EMFLAZA ORAL TABLET	Tier 5	PA; MO; NEDS
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	MO
<i>fluocinolone acetonide external cream</i>	Tier 4	MO; QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	MO; QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	MO; QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	MO
<i>fluocinonide emulsified base external cream</i>	Tier 4	MO; QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 2	MO; QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	MO; QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	MO; QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	MO; QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 4	MO; QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Tier 3	MO
<i>halobetasol propionate external cream</i>	Tier 4	MO; QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	MO; QL (150 GM per 30 days)

Drug	Status	Requirements/Limits
HALOG EXTERNAL OINTMENT	Tier 4	MO
<i>hydrocortisone butyrate external cream</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	MO; QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	MO; QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	MO; QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	MO; QL (180 GM per 30 days)
MEDROL ORAL TABLET 2 MG	Tier 4	MO
<i>methylprednisolone oral tablet</i>	Tier 2	MO
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	MO
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	MO
<i>mometasone furoate external cream</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	MO; QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	MO
<i>prednicarbate external cream</i>	Tier 4	MO; QL (180 GM per 30 days)
<i>prednicarbate external ointment</i>	Tier 2	MO; QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	Tier 1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	MO
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier 2	MO
PREDNISON INTENSOL ORAL CONCENTRATE	Tier 4	MO
<i>prednisone oral solution</i>	Tier 2	MO
<i>prednisone oral tablet</i>	Tier 1	MO
<i>prednisone oral tablet therapy pack</i>	Tier 2	MO
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	MO
TEXACORT EXTERNAL SOLUTION	Tier 4	MO
<i>triamcinolone acetonide external aerosol solution</i>	Tier 4	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	MO; QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	MO; QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	MO; QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	MO; QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	MO; QL (150 GM per 30 days)

Drug	Status	Requirements/Limits
<i>triderm external cream 0.1 %</i>	Tier 1	MO; QL (160 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	MO; QL (150 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	MO
<i>desmopressin acetate injection solution</i>	Tier 2	MO
<i>desmopressin acetate oral tablet</i>	Tier 2	MO
<i>desmopressin acetate spray nasal solution</i>	Tier 2	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	Tier 4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; MO; NEDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG	Tier 5	PA; MO; NEDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Tier 4	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
STIMATE NASAL SOLUTION	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet</i>	Tier 2	PA; MO
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 2	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 2	MO
<i>testosterone transdermal gel 10 mg/act (2%), 50 mg/5gm (1%)</i>	Tier 2	PA; MO
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	MO
<i>amethyst oral tablet</i>	Tier 2	MO
ANGELIQ ORAL TABLET 0.5-1 MG	Tier 4	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyclafem 1/35 oral tablet</i>	Tier 2	MO
<i>cyclafem 7/7/7 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>dolishale oral tablet</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)

Drug	Status	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 2	MO
<i>eluryng vaginal ring</i>	Tier 2	MO
<i>emoquette oral tablet</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 2	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	MO
<i>estradiol vaginal tablet</i>	Tier 2	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	MO
ESTRING VAGINAL RING	Tier 4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 2	MO
FEMRING VAGINAL RING	Tier 4	MO
<i>fyavolv oral tablet</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 2	MO
<i>iclevia oral tablet</i>	Tier 2	MO
<i>introvale oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel fe 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 24 oral tablet</i>	Tier 2	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 2	MO
<i>kelnor 1/50 oral tablet</i>	Tier 2	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 2	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Tier 2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg, 90-20 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>lutera oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)

Drug	Status	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	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 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 2	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<i>prefest oral tablet</i>	Tier 2	MO
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>previfem oral tablet</i>	Tier 2	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 2	MO
<i>tarina 24 fe oral tablet</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 2	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet</i>	Tier 1	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
SYNTHROID ORAL TABLET	Tier 4	MO
<i>thyroid oral tablet 65 mg</i>	Tier 2	MO
<i>unithroid oral tablet</i>	Tier 1	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	Tier 5	PA; MO; NEDS
LYSODREN ORAL TABLET	Tier 5	MO; NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	MO; QL (32 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT	Tier 4	MO
<i>leuprolide acetate injection kit</i>	Tier 5	MO; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	MO; NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	MO; NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>octreotide acetate injection solution 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Tier 5	PA NS; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	MO; NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; MO; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; MO; HI
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (200 ML per 28 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	MO; HI
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 2	B/D; MO
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	MO
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; MO; HI

Drug	Status	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; MO; HI
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 6	B/D; MO; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; MO; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; MO; HI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 6	B/D; MO; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; MO; HI
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 6	B/D; MO; HI
PANZYGA INTRAVENOUS SOLUTION	Tier 6	B/D; MO; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Tier 6	B/D; MO; HI
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 3	PA; MO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>leflunomide oral tablet</i>	Tier 2	MO
OLUMIANT ORAL TABLET	Tier 5	PA; MO; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
RIDAURA ORAL CAPSULE	Tier 5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; MO; NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
AZASAN ORAL TABLET	Tier 4	B/D; MO
<i>azathioprine oral tablet</i>	Tier 2	B/D; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 2	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 2	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 2	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 30 days); NEDS
<i>everolimus oral tablet 0.25 mg</i>	Tier 2	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	B/D; MO
<i>gengraf oral solution</i>	Tier 2	B/D; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS

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

Drug	Status	Requirements/Limits
REZUROCK ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 5	B/D; MO; NEDS
<i>sirolimus oral tablet</i>	Tier 2	B/D; MO
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
<i>trexall oral tablet</i>	Tier 2	MO
XATMEP ORAL SOLUTION	Tier 4	MO
ZORTRESS ORAL TABLET 1 MG	Tier 5	B/D; MO; NEDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	MO
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	MO
<i>bcg vaccine injection injectable</i>	Tier 6	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	Tier 6	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	MO
ENGERIX-B INJECTION SUSPENSION	Tier 6	B/D; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	MO
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier 6	MO
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	MO
IPOL INJECTION INJECTABLE	Tier 6	MO
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	MO

Drug	Status	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION	Tier 6	MO
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 6	MO
MENQUADFI INTRAMUSCULAR INJECTABLE	Tier 6	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 6	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	MO
RABA VERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	MO
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 6	MO
ROTATEQ ORAL SOLUTION	Tier 6	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	MO; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION	Tier 6	MO
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	MO
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	MO
VARIVAX SUBCUTANEOUS INJECTABLE	Tier 6	MO
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	MO
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	MO

Drug	Status	Requirements/Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Tier 2	MO
DIPENTUM ORAL CAPSULE	Tier 5	MO; NEDS
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	MO
<i>mesalamine rectal enema</i>	Tier 2	MO
<i>mesalamine rectal suppository</i>	Tier 2	MO
<i>mesalamine-cleanser rectal kit</i>	Tier 2	MO
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM	Tier 3	MO; NT
ANALPRAM-HC EXTERNAL LOTION	Tier 3	MO; NT
ANUSOL-HC RECTAL SUPPOSITORY	Tier 3	MO; NT
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	MO; NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	MO
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Tier 3	MO; NT
<i>hydrocortisone acetate rectal suppository</i>	Tier 2	MO; NT
<i>hydrocortisone oral tablet</i>	Tier 2	MO
<i>hydrocortisone rectal enema</i>	Tier 2	MO
PROCTOCORT RECTAL SUPPOSITORY	Tier 3	MO; NT
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 5	MO; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Tier 5	PA; MO; NEDS
FOSAMAX PLUS D ORAL TABLET	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	Tier 5	MO; NEDS
<i>paricalcitol oral capsule</i>	Tier 2	PA; MO

Drug	Status	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 2	MO; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 5	PA; MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
Miscellaneous		
Miscellaneous		
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 2	MO; NT
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	Tier 3	MO; NT
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier 3	MO; NT; QL (4 EA per 30 days)
CETACAINE EXTERNAL AEROSOL	Tier 3	MO; NT
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	MO; NT
EDEX INTRACAVERNOSAL KIT 40 MCG	Tier 3	MO; NT; QL (4 EA per 30 days)
GILPHEX TR ORAL TABLET	Tier 3	MO; NT
HYCODAN ORAL SYRUP	Tier 4	MO; NT
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 2	MO; NT
<i>hydrocodone-homatropine oral syrup</i>	Tier 2	MO; NT
<i>hydrocodone-homatropine oral tablet</i>	Tier 2	MO; NT
<i>isoxsuprine hcl oral tablet</i>	Tier 2	MO; NT
<i>maxi-tuss pe oral liquid</i>	Tier 2	MO; NT
MUSE URETHRAL PELLETT	Tier 3	MO; NT; QL (6 EA per 30 days)
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg</i>	Tier 2	MO; NT
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG	Tier 3	MO; NT
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO; NT; QL (4 EA per 30 days)
<i>sodium fluoride mouth/throat solution</i>	Tier 2	MO; NT
STENDRA ORAL TABLET 100 MG, 200 MG	Tier 3	MO; NT
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 2	MO; NT; QL (4 EA per 30 days)
TUSNEL C ORAL SYRUP	Tier 3	MO; NT
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	Tier 3	MO; NT

Drug	Status	Requirements/Limits
TUSSLIN ORAL LIQUID	Tier 3	MO; NT
TUSSLIN PEDIATRIC ORAL LIQUID	Tier 3	MO; NT
<i>vardenafil hcl oral tablet</i>	Tier 2	MO; NT; QL (4 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	Tier 2	MO; NT; QL (4 EA per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	MO
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	MO
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	MO
ANASPAZ ORAL TABLET DISPERSIBLE	Tier 3	MO; NT
ANIMI-3 ORAL CAPSULE	Tier 3	MO; NT
ANIMI-3/VITAMIN D ORAL CAPSULE	Tier 3	MO; NT
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	MO
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	MO
BD PEN	Tier 4	MO
BD PEN MINI	Tier 4	MO
BD PEN NEEDLE MICRO U/F	Tier 4	MO
BD PEN NEEDLE MINI U/F	Tier 4	MO
BD PEN NEEDLE NANO 2ND GEN	Tier 4	MO
BD PEN NEEDLE NANO U/F	Tier 4	MO
BD PEN NEEDLE ORIGINAL U/F	Tier 4	MO
BD PEN NEEDLE SHORT U/F	Tier 4	MO
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	MO
BD SYRINGE LUER-LOK 1 ML	Tier 4	MO
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	MO
<i>benzonatate oral capsule 100 mg</i>	Tier 2	MO; NT
CENTRUM ADULTS ORAL TABLET	Tier 3	MO; NT
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	MO
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	MO
<i>cortic-nd otic solution</i>	Tier 2	MO; NT
CORVITA ORAL TABLET	Tier 3	MO; NT
CORVITE 150 ORAL TABLET	Tier 3	MO; NT
<i>corvite fe oral tablet</i>	Tier 3	MO; NT

Drug	Status	Requirements/Limits
COVARYX HS ORAL TABLET	Tier 3	MO; NT
COVARYX ORAL TABLET	Tier 3	MO; NT
CRYSVITA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 2	MO; NT
DEPLIN 15 ORAL CAPSULE	Tier 3	MO; NT
DONNATAL ORAL ELIXIR	Tier 3	MO; NT
DONNATAL ORAL TABLET	Tier 3	MO; NT
DRISDOL ORAL CAPSULE	Tier 4	MO; NT
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	MO
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	MO
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	MO
<i>ed-spaz oral tablet dispersible</i>	Tier 3	MO; NT
EEMT HS ORAL TABLET	Tier 3	MO; NT
EEMT ORAL TABLET	Tier 3	MO; NT
<i>ergocalciferol oral capsule</i>	Tier 2	MO; NT
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	MO
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	Tier 2	MO; NT
FLORIVA ORAL LIQUID	Tier 3	MO; NT
FOLBIC ORAL TABLET	Tier 3	MO; NT
FOLGARD OS ORAL TABLET	Tier 3	MO; NT
FOLGARD RX ORAL TABLET	Tier 3	MO; NT
<i>folic acid oral tablet 1 mg</i>	Tier 2	MO; NT
<i>folic d3 oral capsule</i>	Tier 3	MO; NT
FOLTANX ORAL TABLET	Tier 3	MO; NT
HEMATOGEN ORAL CAPSULE	Tier 3	MO; NT
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 2	MO; NT
<i>hyoscyamine sulfate oral tablet</i>	Tier 2	MO; NT
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier 3	MO; NT
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	Tier 2	MO; NT
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	Tier 2	MO; NT
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Tier 4	MO
INSUPEN SENSITIVE 32G X 8 MM	Tier 4	MO
KEVEYIS ORAL TABLET	Tier 5	PA; MO; NEDS
K-PHOS-NEUTRAL ORAL TABLET	Tier 3	MO; NT

Drug	Status	Requirements/Limits
<i>levocarnitine oral solution</i>	Tier 2	MO
<i>levocarnitine oral tablet</i>	Tier 2	MO
LEVSIN ORAL TABLET	Tier 3	MO; NT
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL	Tier 3	MO; NT
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	MO
MEPHYTON ORAL TABLET	Tier 4	MO; NT
METANX ORAL CAPSULE	Tier 3	MO; NT
<i>methylergonovine maleate oral tablet</i>	Tier 5	MO; NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	MO
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Tier 4	MO
MULTIGEN FOLIC ORAL TABLET	Tier 3	MO; NT
MYNEPHRON ORAL CAPSULE	Tier 3	MO; NT
NASCOBAL NASAL SOLUTION	Tier 3	MO; NT
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO; NEDS
<i>niacin er oral tablet extended release</i>	Tier 2	MO; NT
NULEV ORAL TABLET DISPERSIBLE	Tier 3	MO; NT
<i>paba oral tablet</i>	Tier 2	MO; NT
<i>pb-hyoscy-atropine-scopolamine oral elixir</i>	Tier 3	MO; NT
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	Tier 2	MO; NT
PEN NEEDLES 30G X 8 MM	Tier 4	MO
<i>phenobarbital-belladonna alk oral elixir</i>	Tier 3	MO; NT
<i>phenobarbital-belladonna alk oral tablet</i>	Tier 2	MO; NT
PHENOHYTRO ORAL ELIXIR	Tier 3	MO; NT
PHENOHYTRO ORAL TABLET	Tier 3	MO; NT
<i>phytonadione oral tablet</i>	Tier 2	MO; NT
POTABA ORAL CAPSULE	Tier 3	MO; NT
<i>potassium aminobenzoate powder</i>	Tier 3	MO; NT
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	MO
PRESERVISION AREDS 2 ORAL CAPSULE	Tier 3	MO; NT
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	Tier 3	MO; NT

Drug	Status	Requirements/Limits
PRESERVISION AREDS ORAL CAPSULE	Tier 3	MO; NT
PRESERVISION/LUTEIN ORAL CAPSULE	Tier 3	MO; NT
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	MO
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	MO
RENAL ORAL CAPSULE	Tier 3	MO; NT
SLO-NIACIN ORAL TABLET EXTENDED RELEASE	Tier 3	MO; NT
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	MO
SURE-FINE PEN NEEDLES 29G X 12.7MM	Tier 4	MO
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL	Tier 3	MO; NT
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	MO; NT
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	MO
TECHLITE PEN NEEDLES 32G X 8 MM	Tier 4	MO
TESSALON PERLES ORAL CAPSULE	Tier 4	MO; NT
TRIMO-SAN VAGINAL GEL 0.025 %	Tier 3	MO; NT
<i>triphrocaps oral capsule</i>	Tier 2	MO; NT
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	MO
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	MO
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	MO
ULTRA-THIN II PEN NEEDLES	Tier 4	MO
VENOFER INTRAVENOUS SOLUTION	Tier 3	MO; NT
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanamide Analogs		
COMBIGAN OPHTHALMIC SOLUTION	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	MO

Drug	Status	Requirements/Limits
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	MO
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
CYSTADROPS OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
CYSTARAN OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	MO
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	MO
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	MO
RESTASIS OPHTHALMIC EMULSION	Tier 3	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRIAL OPHTHALMIC SOLUTION	Tier 4	MO
<i>azelastine hcl ophthalmic solution</i>	Tier 2	MO
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	MO
<i>epinastine hcl ophthalmic solution</i>	Tier 2	MO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	MO
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 3	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	MO
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 3	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier 2	MO
<i>timolol maleate pf ophthalmic solution</i>	Tier 2	MO
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHTHALMIC SOLUTION	Tier 4	MO
ALREX OPHTHALMIC SUSPENSION	Tier 3	MO
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier 3	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier 3	MO
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	MO
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	MO
DUREZOL OPHTHALMIC EMULSION	Tier 4	MO
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	MO; QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 2	MO
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	MO
FML FORTE OPHTHALMIC SUSPENSION	Tier 3	MO
FML OPHTHALMIC OINTMENT	Tier 3	MO
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	MO
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	MO
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	MO
MAXIDEX OPHTHALMIC SUSPENSION	Tier 3	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	MO
NEVANAC OPHTHALMIC SUSPENSION	Tier 4	MO
PRED MILD OPHTHALMIC SUSPENSION	Tier 4	MO
PRED-G OPHTHALMIC SUSPENSION	Tier 3	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 3	MO
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	MO

Drug	Status	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION	Tier 4	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	MO
TOBRADEX OPTHALMIC OINTMENT	Tier 3	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	MO
Otic Agents		
Otic Agents		
<i>acetasol hc otic solution</i>	Tier 2	MO
<i>acetic acid otic solution</i>	Tier 2	MO
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	MO
<i>flac otic oil</i>	Tier 2	MO
<i>fluocinolone acetonide otic oil</i>	Tier 2	MO
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	MO
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	MO
Respiratory Tract/Pulmonary Agents		
Antihistamines		
ALLEGRA ALLERGY ORAL TABLET 180 MG	Tier 3	MO; NT
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	MO; NT
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; NT
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	MO
CLARITIN ALLERGY CHILDRENS ORAL SYRUP	Tier 3	MO; NT
CLARITIN ORAL CAPSULE	Tier 3	MO; NT
CLARITIN ORAL SYRUP	Tier 3	MO; NT
CLARITIN ORAL TABLET	Tier 3	MO; NT
CLARITIN ORAL TABLET CHEWABLE	Tier 3	MO; NT
CLARITIN REDITABS ORAL TABLET DISPERSIBLE	Tier 3	MO; NT
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	MO; NT
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; NT
<i>cyproheptadine hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
DIMETAPP COLD/ALLERGY ORAL ELIXIR	Tier 3	MO; NT
<i>diphenhydramine hcl injection solution</i>	Tier 2	MO
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 2	MO; NT
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	PA NS; MO
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>loratadine childrens oral syrup</i>	Tier 2	MO; NT
<i>loratadine childrens oral tablet chewable</i>	Tier 2	MO; NT
<i>loratadine oral tablet</i>	Tier 2	MO; NT
NASACORT ALLERGY 24HR NASAL AEROSOL	Tier 3	MO; NT
<i>olopatadine hcl nasal solution</i>	Tier 2	ST; MO
<i>triamcinolone acetonide nasal aerosol</i>	Tier 2	MO; NT
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	MO; NT
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
FLOVENT HFA INHALATION AEROSOL	Tier 3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	MO
<i>fluticasone propionate nasal suspension</i>	Tier 2	MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	MO
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 5	MO; QL (4 EA per 1 day); NEDS

Drug	Status	Requirements/Limits
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D; MO
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier 3	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier 2	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D; MO
<i>albuterol sulfate oral syrup</i>	Tier 2	MO
<i>albuterol sulfate oral tablet</i>	Tier 2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 2	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 2	MO
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier 3	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	MO; QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; NEDS
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	Tier 5	PA; MO; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
KALYDECO ORAL PACKET	Tier 5	PA; MO; NEDS
KALYDECO ORAL TABLET	Tier 5	PA; MO; NEDS
ORKAMBI ORAL PACKET	Tier 5	PA; MO; NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; NEDS
PULMOZYME INHALATION SOLUTION	Tier 5	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	MO; NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (3 EA per 1 day); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Tier 2	MO
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	Tier 4	MO; QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	Tier 4	MO; QL (1 EA per 1 day)
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 3	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; NEDS
ALYQ ORAL TABLET	Tier 5	PA; MO; NEDS
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO

Drug	Status	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; MO
<i>tadalafil (pah) oral tablet</i>	Tier 5	PA; MO; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier 5	PA; MO; NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; NEDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL TABLET	Tier 5	PA; MO; NEDS
OFEV ORAL CAPSULE	Tier 5	PA; MO; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Tier 2	B/D; MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
SYMBICORT INHALATION AEROSOL	Tier 2	MO
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 2	MO
ADVAIR HFA INHALATION AEROSOL	Tier 2	MO
<i>biogtuss oral liquid 10-15-300 mg/5ml</i>	Tier 2	MO; NT
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Tier 3	MO; NT
<i>despec eda oral liquid</i>	Tier 2	MO; NT
<i>dometuss-dmx oral liquid</i>	Tier 2	MO; NT
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	Tier 2	MO; NT

Drug	Status	Requirements/Limits
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Tier 2	MO; NT
<i>guaifenesin dac oral solution</i>	Tier 2	MO; NT
<i>guaifenesin-codeine oral solution</i>	Tier 2	MO; NT
<i>loratadine-d 12hr oral tablet extended release 12 hour</i>	Tier 2	MO; NT
<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	Tier 2	MO; NT
<i>m-clear wc oral solution</i>	Tier 2	MO; NT
<i>mometasone furoate nasal suspension</i>	Tier 2	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>promethazine-codeine oral solution</i>	Tier 2	MO; NT
<i>promethazine-codeine oral syrup</i>	Tier 2	MO; NT
<i>promethazine-dm oral syrup</i>	Tier 2	MO; NT
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 2	MO; NT
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 2	MO; NT
<i>pseudoeph-chlorphen-hydrocod oral solution</i>	Tier 2	MO; NT
PX DAYHIST ALLERGY ORAL TABLET	Tier 3	MO; NT
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
ZYRTEC ALLERGY ORAL TABLET	Tier 3	MO; NT
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	Tier 3	MO; NT
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	Tier 2	PA; MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; MO
<i>methocarbamol oral tablet</i>	Tier 1	PA; MO
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	MO
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	PA NS; MO; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier 2	MO; QL (30 EA per 30 days)

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

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		<i>amiloride hcl</i>	48	ASSURE 4 TEST	40
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<i>atovaquone-proguanil hcl</i>	27	<i>benazepril hcl</i>	45	<i>buprenorphine</i>	3
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AUSTEDO	51	BESER	61	<i>bupropion hcl er (xl)</i>	16
<i>aviane</i>	65	<i>betamethasone dipropionate</i>	61	<i>bupropion hcl er (xl)</i>	16
AVONEX PEN	52	<i>betamethasone dipropionate</i>		<i>buspirone hcl</i>	35
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<i>azithromycin</i>	11	BICILLIN C-R	10	<i>calcium acetate</i>	61
<i>aztreonam</i>	9	BIJUVA	68	<i>calcium acetate (phos binder)</i>61	
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<i>cefotaxime sodium</i>	9	CLARITIN REDITABS	85	<i>clorazepate dipotassium</i>	36
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<i>cyclobenzaprine hcl</i>	90	DEXCOM G4 PLATINUM		<i>dipyridamole</i>	44
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<i>cyclophosphamide</i>	22	DEXCOM G4 PLATINUM		<i>disulfiram</i>	5
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<i>fluphenazine hcl</i>	29	GAMMAGARD	TRANSMITTER	42
<i>flurazepam hcl</i>	90	GAMMAGARD S/D LESS	GUARDIAN LINK 3	
<i>flurbiprofen</i>	20	IGA	TRANSMITTER	42
<i>flurbiprofen sodium</i>	84	GAMMAKED	GUARDIAN REAL-TIME	
<i>flutamide</i>	22	GAMMAPLEX	REPLACE PED	42
<i>fluticasone propionate</i>	62, 86	GAMUNEX-C	GUARDIAN SENSOR (3)	42
<i>fluvastatin sodium</i>	49	GARDASIL 9	GVOKE HYPOPEN 2-PACK	38
<i>fluvastatin sodium er</i>	49	<i>gatifloxacin</i>	GVOKE PFS	38
<i>fluvoxamine maleate</i>	17	GATTEX	HAEGARDA	70
<i>fluvoxamine maleate er</i>	17	<i>gavilyte-c</i>	<i>hailey 24 fe</i>	66
FML	84	<i>gavilyte-g</i>	<i>halcinonide</i>	62
FML FORTE	84	<i>gavilyte-n with flavor pack</i>	<i>halobetasol propionate</i>	62
FOLBIC	80	GAVRETO	HALOG	63
FOLGARD OS	80	<i>gemfibrozil</i>	<i>haloperidol</i>	29
FOLGARD RX	80	<i>generlac</i>	<i>haloperidol decanoate</i>	29
<i>folic acid</i>	80	<i>gengraf</i>	<i>haloperidol lactate</i>	29
<i>folic d3</i>	80	GENOTROPIN	HARVONI	32
FOLTANX	80	GENOTROPIN MINIQUICK	HAVRIX	75
<i>fondaparinux sodium</i>	43	<i>gentak</i>	HEMATOGEN	80
FORTEO	77	<i>gentamicin in saline</i>	HEMMOREX-HC	77
FOSAMAX PLUS D	77	<i>gentamicin sulfate</i>	<i>heparin sodium (porcine)</i>	43
FOSAMPRENAVIR		GENVOYA	HETLIOZ	51
CALCIUM	34	GILENYA	HETLIOZ LQ	51
<i>fosfomycin tromethamine</i>	7	GILOTRIF	HIBERIX	75
<i>fosinopril sodium</i>	45	GILPHEX TR	HUMALOG	39
<i>fosinopril sodium-hctz</i>	45	GLASSIA	HUMALOG JUNIOR	
<i>fosphenytoin sodium</i>	15	GLATIRAMER ACETATE ... 52	KWIKPEN	38
FOTIVDA	25	<i>glatopa</i>	HUMALOG KWIKPEN	38
FRAGMIN	43	GLATOPA	HUMALOG MIX 50/50	39

HUMALOG MIX 50/50	<i>ibandronate sodium</i>	77	IRESSA	25
KWIKPEN	IBRANCE	23	ISENTRESS	32, 33
HUMALOG MIX 75/25	<i>ibu</i>	3	ISENTRESS HD	32
HUMALOG MIX 75/25	<i>ibuprofen</i>	3	ISOLYTE-P IN D5W	57
KWIKPEN	ICATIBANT ACETATE	70	ISOLYTE-S PH 7.4	55
HUMIRA	<i>iclevia</i>	66	ISONIAZID	21
HUMIRA PEDIATRIC	ICLUSIG	25	<i>isoniazid</i>	21
CROHNS START	<i>icosapent ethyl</i>	49	<i>isosorbide dinitrate</i>	50
HUMIRA PEN	IDHIFA	24	<i>isosorbide mononitrate</i>	50
HUMIRA PEN-CD/UC/HS	ILARIS	72	<i>isosorbide mononitrate er</i>	50
STARTER	<i>imatinib mesylate</i>	25	<i>isoxsuprine hcl</i>	78
HUMIRA PEN-PEDIATRIC	IMBRUVICA	25	<i>isradipine</i>	47
UC START	<i>imipenem-cilastatin</i>	10	ISTURISA	69
HUMIRA PEN-PS/UV/ADOL	<i>imipramine hcl</i>	18	<i>itraconazole</i>	19
HS START	<i>imiquimod</i>	54	<i>ivermectin</i>	27
HUMIRA PEN-PSOR/UEVIT	IMOVAX RABIES	75	IXIARO	75
STARTER	IMPAVIDO	27	JAKAFI	25
HUMULIN 70/30	INBRIJA	29	<i>jantoven</i>	44
HUMULIN 70/30 KWIKPEN ..	<i>incassia</i>	68	JANUMET	38
HUMULIN N	INCRELEX	64	JANUMET XR	38
HUMULIN N KWIKPEN	INCRUSE ELLIPTA	87	JANUVIA	37
HUMULIN R	<i>indapamide</i>	48	JARDIANCE	37
HUMULIN R U-500	<i>indomethacin</i>	3	JENTADUETO	38
(CONCENTRATED)	<i>indomethacin er</i>	3	JENTADUETO XR	38
HUMULIN R U-500	INFANRIX	75	<i>jinteli</i>	66
KWIKPEN	INGREZZA	51	JULUCA	34
HYCODAN	INLYTA	25	<i>junel 1.5/30</i>	66
<i>hydralazine hcl</i>	INQOVI	22	<i>junel 1/20</i>	66
<i>hydrochlorothiazide</i>	INREBIC	25	<i>junel fe 1.5/30</i>	66
<i>hydrocod polst-cpm polst er</i>	INSULIN LISPRO	39	<i>junel fe 1/20</i>	66
<i>hydrocodone-acetaminophen</i>	INSULIN LISPRO (1 UNIT		<i>junel fe 24</i>	66
<i>hydrocodone-homatropine</i>	DIAL)	39	JUXTAPID	49
<i>hydrocodone-ibuprofen</i>	<i>insulin lispro junior kwikpen</i>	39	JYNARQUE	56
<i>hydrocortisone</i>	<i>insulin lispro prot & lispro</i>	39	KALYDECO	88
<i>hydrocortisone (perianal)</i>	INSUPEN SENSITIVE	80	<i>kariva</i>	66
<i>hydrocortisone ace-pramoxine</i> ..	INTELENCE	33	<i>kcl in dextrose-nacl</i>	55
<i>hydrocortisone acetate</i>	<i>intralipid</i>	57	KCL-LACTATED	
<i>hydrocortisone butyrate</i>	INTRALIPID	57	RINGERS-D5W	55
<i>hydrocortisone valerate</i>	INTRON A	32	<i>kelnor 1/35</i>	66
<i>hydrocortisone-acetic acid</i>	<i>introvale</i>	66	<i>kelnor 1/50</i>	66
<i>hydrocortisone-iodoquinol</i>	INVEGA SUSTENNA	30	KESIMPTA	52
<i>hydrocort-pramoxine (perianal)</i> ..	INVEGA TRINZA	30	<i>ketoconazole</i>	19
<i>hydromorphone hcl</i>	INVELTYS	84	<i>ketoprofen</i>	3
<i>hydroxychloroquine sulfate</i>	INVIRASE	34	<i>ketoprofen er</i>	3
<i>hydroxyprogesterone caproate</i> ...	<i>iodoquinol-hc-aloe polysacch</i>	54	<i>ketorolac tromethamine</i>	3, 84
<i>hydroxyurea</i>	<i>iodoquinol-hydrocortisone-aloe</i> ..	54	KEVEYIS	80
<i>hydroxyzine hcl</i>	IOPIDINE	83	KEVZARA	74
<i>hydroxyzine pamoate</i>	IPOL	75	KINERET	74
<i>hyoscyamine sulfate</i>	<i>ipratropium bromide</i>	87	KINRIX	76
<i>hyoscyamine sulfate er</i>	<i>ipratropium-albuterol</i>	87	KISQALI (200 MG DOSE)	25
<i>hyoscyamine sulfate sl</i>	<i>irbesartan</i>	45	KISQALI (400 MG DOSE)	25
HYPODERMIC NEEDLE	<i>irbesartan-hydrochlorothiazide</i> ..	45	KISQALI (600 MG DOSE)	25

KISQALI FEMARA (400 MG DOSE)	23	<i>lessina</i>	66	<i>losartan potassium</i>	45
KISQALI FEMARA (600 MG DOSE)	23	<i>letrozole</i>	24	<i>losartan potassium-hctz</i>	45
KISQALI FEMARA(200 MG DOSE)	23	<i>leucovorin calcium</i>	23, 27	<i>loteprednol etabonate</i>	84
<i>klor-con</i>	55	LEUKERAN	22	<i>lovastatin</i>	49
<i>klor-con 10</i>	55	LEUKINE	44	<i>low-ogestrel</i>	66
<i>klor-con m10</i>	55	<i>leuprolide acetate</i>	69	<i>loxapine succinate</i>	29
<i>klor-con m15</i>	55	<i>levabuterol hcl</i>	87	<i>lubiprostone</i>	58
<i>klor-con m20</i>	55	<i>levabuterol tartrate</i>	87	LUCEMYRA	6
KLOXXADO	6	<i>levetiracetam</i>	13	LUMAKRAS	23
KORLYM	64	<i>levetiracetam er</i>	13	LUMIGAN	82
KOSELUGO	25	<i>levobunolol hcl</i>	83	LUPKYNIS	74
K-PHOS NO 2	55	<i>levocarnitine</i>	81	LUPRON DEPOT (1-MONTH)	69
K-PHOS-NEUTRAL	80	<i>levocetirizine dihydrochloride</i>	86	LUPRON DEPOT (3-MONTH)	69
KRINTAFEL	27	<i>levofloxacin</i>	12	LUPRON DEPOT (4-MONTH)	69
<i>kurvelo</i>	66	<i>levofloxacin in d5w</i>	12	<i>lutera</i>	66
KYNMOBI	28	<i>levonorgest-eth estrad 91-day</i>	66	<i>lyleq</i>	68
<i>labetalol hcl</i>	46	<i>levonorgestrel-ethinyl estrad</i>	66	<i>lyllana</i>	66
<i>lactulose</i>	58	<i>levora 0.15/30 (28)</i>	66	LYNPARZA	26
<i>lamivudine</i>	32, 34	<i>levorphanol tartrate</i>	4	LYSODREN	69
<i>lamivudine-zidovudine</i>	34	<i>levo-t</i>	69	<i>magnesium sulfate</i>	55
<i>lamotrigine</i>	14, 36	<i>levothyroxine sodium</i>	69	<i>malathion</i>	28
<i>lamotrigine starter kit-blue</i>	14	<i>levoxyl</i>	69	<i>maprotiline hcl</i>	17
<i>lamotrigine starter kit-green</i>	14	LEVSIN	81	MARPLAN	16
<i>lamotrigine starter kit-orange</i>	14	LEVSIN/SL	81	MATULANE	22
<i>lansoprazole</i>	59	LEXIVA	34	<i>matzim la</i>	47
LANTUS	39	<i>lidocaine</i>	5	MAVYRET	32
LANTUS SOLOSTAR	39	<i>lidocaine hcl</i>	5	MAXIDEX	84
<i>lapatinib ditosylate</i>	26	<i>lidocaine hcl (pf)</i>	5	<i>maxi-tuss pe</i>	78
<i>latanoprost</i>	82	<i>lidocaine hcl urethral/mucosal</i>	5	<i>m-clear wc</i>	90
LATUDA	30	<i>lidocaine viscous hcl</i>	5	<i>meclizine hcl</i>	18
<i>ledipasvir-sofosbuvir</i>	32	<i>lidocaine-prilocaine</i>	5	<i>meclofenamate sodium</i>	3
<i>leena</i>	66	<i>lindane</i>	28	MEDROL	63
<i>leflunomide</i>	71	<i>linezolid</i>	7	<i>medroxyprogesterone acetate</i>	68
LENVIMA (10 MG DAILY DOSE)	26	LINZESS	58	<i>mefloquine hcl</i>	27
LENVIMA (12 MG DAILY DOSE)	26	<i>liothyronine sodium</i>	69	<i>megestrol acetate</i>	68
LENVIMA (14 MG DAILY DOSE)	26	<i>lisinopril</i>	45	<i>mekinist</i>	26
LENVIMA (18 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i>	45	MEKTOVI	26
LENVIMA (20 MG DAILY DOSE)	26	LITETOUCH PEN		<i>meloxicam</i>	3
LENVIMA (24 MG DAILY DOSE)	26	NEEDLES	81	<i>memantine hcl</i>	16
LENVIMA (4 MG DAILY DOSE)	26	LITHIUM	36	<i>memantine hcl er</i>	16
LENVIMA (8 MG DAILY DOSE)	26	<i>lithium carbonate</i>	36	MENACTRA	76
		<i>lithium carbonate er</i>	36	MENEST	67
		LONSURF	22	MENOSTAR	67
		<i>loperamide hcl</i>	57	MENQUADFI	76
		<i>lopinavir-ritonavir</i>	34, 35	MENVEO	76
		<i>loratadine</i>	86	<i>meperidine hcl</i>	5
		<i>loratadine childrens</i>	86	MEPHYTON	81
		<i>loratadine-d 12hr</i>	90	<i>mercaptopurine</i>	22
		<i>loratadine-d 24hr</i>	90	<i>meropenem</i>	10
		<i>lorazepam</i>	36		
		<i>lorazepam intensol</i>	36		
		LORBRENA	26		

<i>mesalamine</i>	77	<i>modafinil</i>	91	<i>neomycin-bacitracin zn-</i>	
<i>mesalamine-cleanser</i>	77	<i>moexipril hcl</i>	45	<i>polymyx</i>	83
MESNEX	27	<i>molindone hcl</i>	29	<i>neomycin-polymyxin-dexameth</i> ..	84
METANX	81	<i>mometasone furoate</i>	63, 90	<i>neomycin-polymyxin-gramicidin</i>	83
<i>metformin hcl</i>	37	<i>mondoxyne nl</i>	12	<i>neomycin-polymyxin-hc</i>	7, 85
<i>metformin hcl er</i>	37	MONOJECT		NERLYNX	26
<i>methadone hcl</i>	4	HYPODERMIC NEEDLE	81	NEUPRO	28
<i>methazolamide</i>	48	MONOJECT INSULIN		NEVANAC	84
<i>methenamine hippurate</i>	7	SYRINGE	81	<i>nevirapine</i>	33
<i>methimazole</i>	70	<i>montelukast sodium</i>	86	<i>nevirapine er</i>	33
<i>methocarbamol</i>	90	<i>morphine sulfate</i>	5	NEXAVAR	26
<i>methotrexate</i>	74	<i>morphine sulfate (concentrate)</i> ..	5	NEXLETOL	48
<i>methotrexate sodium</i>	70, 74	<i>morphine sulfate (pf)</i>	5	NEXLIZET	48
<i>methotrexate sodium (pf)</i>	74	<i>morphine sulfate er</i>	4	<i>niacin er</i>	81
<i>methoxsalen rapid</i>	54	MOTOFEN	58	<i>niacin er (antihyperlipidemic)</i> ..	49
<i>methscopolamine bromide</i>	57	MOVANTIK	58	<i>niacor</i>	49
<i>methyl dopa</i>	44	<i>moxifloxacin hcl</i>	12	<i>nicardipine hcl</i>	47
<i>methylergonovine maleate</i>	81	<i>moxifloxacin hcl in nacl</i>	12	NICOTROL	6
<i>methylphenidate hcl</i>	51	MOZOBIL	44	<i>nifedipine</i>	47
<i>methylphenidate hcl er</i>	51	MULPLETA	44	<i>nifedipine er</i>	47
<i>methylphenidate hcl er (cd)</i>	51	MULTAQ	46	<i>nifedipine er osmotic release</i> ..	47
<i>methylphenidate hcl er (la)</i>	51	MULTIGEN FOLIC	81	<i>nilutamide</i>	22
<i>methylprednisolone</i>	63	<i>mupirocin</i>	7	NINLARO	23
<i>methylprednisolone acetate</i>	20	<i>mupirocin calcium</i>	54	<i>nitazoxanide</i>	27
<i>methylprednisolone sodium succ</i>	63	MUSE	78	<i>nitisinone</i>	59
<i>metoclopramide hcl</i>	57	<i>mycophenolate mofetil</i>	74	NITRO-BID	50
<i>metolazone</i>	49	<i>mycophenolate sodium</i>	74	<i>nitrofurantoin</i>	8
<i>metoprolol succinate er</i>	46	MYNEPHRON	81	<i>nitrofurantoin macrocrystal</i>	8
<i>metoprolol tartrate</i>	46	MYRBETRIQ	60	<i>nitrofurantoin monohyd macro</i> ..	8
<i>metoprolol-hydrochlorothiazide</i>	46	<i>nabumetone</i>	3	<i>nitroglycerin</i>	50
<i>metronidazole</i>	7	<i>nadolol</i>	46	<i>nitroglycerin er</i>	78
<i>metronidazole in nacl</i>	7	<i>nafcillin sodium</i>	10	NITRO-TIME	78
<i>metyrosine</i>	48	<i>naftifine hcl</i>	19	<i>nora-be</i>	68
<i>mexiletine hcl</i>	46	<i>naloxone hcl</i>	6	<i>norethin ace-eth estrad-fe</i>	67
MIACALCIN	77	<i>naltrexone hcl</i>	6	<i>norethindrone</i>	68
<i>micafungin sodium</i>	19	NAMENDA XR TITRATION		<i>norethindrone acetate</i>	68
<i>miconazole 3</i>	19	PACK	16	<i>norethindrone-eth estradiol</i>	67
<i>microgestin 1.5/30</i>	67	NAMZARIC	15	<i>norgestim-eth estrad triphasic</i> ..	67
<i>microgestin 1/20</i>	67	<i>naproxen</i>	3	NORPACE CR	46
<i>microgestin fe 1.5/30</i>	67	<i>naproxen sodium</i>	3	<i>nortrel 0.5/35 (28)</i>	67
<i>microgestin fe 1/20</i>	67	NARCAN	6	<i>nortrel 1/35 (21)</i>	67
<i>midodrine hcl</i>	44	NASACORT ALLERGY		<i>nortrel 1/35 (28)</i>	67
<i>miglitol</i>	37	24HR	86	<i>nortrel 7/7/7</i>	67
<i>miglustat</i>	59	NASCOBAL	81	<i>nortriptyline hcl</i>	18
<i>mili</i>	67	NATACYN	19	NORVIR	35
<i>mimvey</i>	67	<i>nateglinide</i>	37	NOXAFIL	19
<i>minitran</i>	50	NATPARA	81	NUBEQA	22
<i>minocycline hcl</i>	12	NAYZILAM	14	NUCALA	86, 90
<i>minoxidil</i>	50	<i>necon 0.5/35 (28)</i>	67	NUDEXTA	51
<i>mirtazapine</i>	16	<i>necon 1/35 (28)</i>	67	NULEV	81
<i>misoprostol</i>	59	<i>nefazodone hcl</i>	17	NUPLAZID	30
M-M-R II	76	<i>neomycin sulfate</i>	6	NUTRILIPID	57

NUZYRA	12	<i>oxacillin sodium</i>	10	<i>perphenazine-amitriptyline</i>	18
<i>nyamyc</i>	19	<i>oxacillin sodium in dextrose</i>	10	PERSERIS	30
<i>nylia 7/7/7</i>	67	<i>oxandrolone</i>	65	<i>phenelzine sulfate</i>	16
<i>nymyo</i>	67	<i>oxaprozin</i>	3	<i>phenobarbital</i>	14
<i>nystatin</i>	19, 20	<i>oxazepam</i>	36	<i>phenobarbital-belladonna alk</i>	81
<i>nystatin-triamcinolone</i>	20	OXBRYTA	44	PHENOHYTRO	81
<i>nystop</i>	20	<i>oxcarbazepine</i>	15	<i>phenoxybenzamine hcl</i>	44
OALIVA	58	OXISTAT	20	<i>phenytoin</i>	15
<i>ocella</i>	67	<i>oxybutynin chloride</i>	60	<i>phenytoin sodium extended</i>	15
OCTAGAM	71	<i>oxybutynin chloride er</i>	60	<i>phytonadione</i>	81
<i>octreotide acetate</i>	69, 70	<i>oxycodone hcl</i>	5	PIFELTRO	33
ODEFSEY	33	<i>oxycodone hcl er</i>	4	<i>pilocarpine hcl</i>	52, 84
ODOMZO	23	<i>oxycodone-acetaminophen</i>	5	<i>pimecrolimus</i>	54
OFEV	89	<i>oxycodone-aspirin</i>	5	<i>pimozide</i>	29
<i>ofloxacin</i>	12	OXYCONTIN	4	<i>pindolol</i>	46
<i>olanzapine</i>	30	OZEMPIC (0.25 OR 0.5		<i>pioglitazone hcl</i>	37
<i>olanzapine-fluoxetine hcl</i>	36	MG/DOSE)	37	<i>pioglitazone hcl-glimepiride</i>	38
<i>olmesartan medoxomil</i>	45	OZEMPIC (1 MG/DOSE)	37	<i>pioglitazone hcl-metformin hcl</i> ...	38
<i>olmesartan medoxomil-hctz</i>	45	<i>paba</i>	81	<i>piperacillin sod-tazobactam so</i> ...	11
<i>olopatadine hcl</i>	83, 86	<i>paliperidone er</i>	30	PIQRAY (200 MG DAILY	
OLUMIANT	71	PANRETIN	27	DOSE)	24
<i>omega-3-acid ethyl esters</i>	49	<i>pantoprazole sodium</i>	59	PIQRAY (250 MG DAILY	
<i>omeprazole</i>	59	PANZYGA	71	DOSE)	24
ONCASPAR	23	<i>paricalcitol</i>	77	PIQRAY (300 MG DAILY	
<i>ondansetron</i>	18	<i>paromomycin sulfate</i>	6	DOSE)	24
<i>ondansetron hcl</i>	18	<i>paroxetine hcl</i>	36	<i>piroxicam</i>	3
ONETOUCH ULTRA 2	42	<i>paroxetine hcl er</i>	17	PLASMA-LYTE 148	55
ONETOUCH ULTRA MINI ...	42	PASER	21	PLASMA-LYTE A	55
ONETOUCH ULTRALINK ...	42	PAXIL	17	PLENAMINE	55
ONETOUCH VERIO	42	<i>pb-hyoscy-atropine-</i>		PNV-DHA	57
ONETOUCH VERIO FLEX		<i>scopolamine</i>	81	<i>podofilox</i>	54
SYSTEM	42	PEDIARIX	76	<i>polymyxin b sulfate</i>	8
ONETOUCH VERIO IQ		PEDVAX HIB	76	<i>polymyxin b-trimethoprim</i>	83
SYSTEM	42	<i>peg 3350-kcl-na bicarb-nacl</i>	58	POMALYST	22
ONUREG	23	<i>peg-3350/electrolytes</i>	58	<i>portia-28</i>	67
OPSUMIT	88	<i>peg-3350/electrolytes/ascorbat</i> ...	58	<i>posaconazole</i>	20
OPTIUM TEST	42	PEGASYS	32	POTABA	81
OPTIUMEZ TEST	42	PEGINTRON	32	<i>potassium aminobenzoate</i>	81
ORACIT	55	<i>peg-kcl-nacl-nasulf-na asc-c</i>	58	<i>potassium chloride</i>	55
ORENCIA	72	PEMAZYRE	26	<i>potassium chloride crys er</i>	55
ORENCIA CLICKJECT	71	PEN NEEDLES	81	<i>potassium chloride er</i>	55
ORENITRAM	88, 89	<i>penicillamine</i>	56	<i>potassium chloride in dextrose</i> ...	55
ORFADIN	59	<i>penicillin g pot in dextrose</i>	10	<i>potassium chloride in nacl</i>	55
ORGOVYX	23	<i>penicillin g potassium</i>	10	<i>potassium citrate er</i>	55
ORKAMBI	88	<i>penicillin g sodium</i>	11	PRADAXA	43
ORLADEYO	48	<i>penicillin v potassium</i>	11	PRALUENT	49
<i>orphenadrine citrate er</i>	90	<i>pentamidine isethionate</i>	28	<i>pramipexole dihydrochloride</i>	28
<i>orsythia</i>	67	<i>pentoxifylline er</i>	48	PRAMOSONE	54
<i>oseltamivir phosphate</i>	35	<i>perindopril erbumine</i>	45	<i>prasugrel hcl</i>	43
OSMOPREP	58	<i>periogard</i>	52	<i>pravastatin sodium</i>	49
OSPHENA	69	<i>permethrin</i>	28	<i>praziquantel</i>	27
OTEZLA	54, 74	<i>perphenazine</i>	29	<i>prazosin hcl</i>	45

PRECISION PCX	42	PROAIR RESPICLICK	87	<i>quinidine gluconate er</i>	46
PRECISION PCX PLUS TEST	42	<i>probenecid</i>	20	<i>quinidine sulfate</i>	46
PRECISION POINT OF CARE TEST	42	PROCALAMINE	57	<i>quinine sulfate</i>	28
PRECISION QID TEST	42	<i>prochlorperazine</i>	29	RABAVERT	76
PRECISION SOF-TACT TEST	42	<i>prochlorperazine maleate</i>	29	<i>raloxifene hcl</i>	69
PRECISION XTRA BLOOD GLUCOSE	42	PROCTOCORT	77	<i>ramelteon</i>	91
PRED MILD	84	<i>procto-med hc</i>	54	<i>ramipril</i>	45
PRED-G	84	<i>procto-pak</i>	54	<i>ranolazine er</i>	48
PRED-G S.O.P.	84	<i>proctosol hc</i>	54	<i>rasagiline mesylate</i>	29
<i>prednicarbate</i>	63	<i>proctozone-hc</i>	54	RAVICTI	59
<i>prednisolone</i>	63	PRODIGY NO CODING BLOOD GLUC	43	<i>reclipsen</i>	67
<i>prednisolone acetate</i>	84	PROGRAF	74	RECOMBIVAX HB	76
<i>prednisolone sodium phosphate</i>	63	PROLASTIN-C	59	RECTIV	50
PREDNISOLONE SODIUM PHOSPHATE	85	PROLIA	78	REDITREX	74
<i>prednisone</i>	63	PROMACTA	44	REGRANEX	54
PREDNISON	63	<i>promethazine hcl</i>	18	RELENZA DISKHALER	35
PREFERRED PLUS INSULIN SYRINGE	81	<i>promethazine-codeine</i>	90	<i>relexxii</i>	51
<i>prefest</i>	67	<i>promethazine-dm</i>	90	RELION BLOOD GLUCOSE TEST	43
<i>pregabalin</i>	52	<i>promethazine-phenyleph-codeine</i>	90	RELION CONFIRM/MICRO TEST	43
PREMARIN	67	<i>promethegan</i>	18	RELION INSULIN SYRINGE	82
PREMASOL	55	<i>propafenone hcl</i>	46	RELI-ON INSULIN SYRINGE	39
PREMPHASE	67	<i>propafenone hcl er</i>	46	RELION PRIME TEST	43
PREMPRO	67	<i>proparacaine hcl</i>	83	RELION ULTIMA TEST	43
<i>prenatal</i>	57	<i>propranolol hcl</i>	46	RELISTOR	58
PRENATAL PLUS IRON	57	<i>propranolol hcl er</i>	46	RENAL	82
PRESERVISION AREDS	82	<i>propranolol-hctz</i>	46	<i>repaglinide</i>	37
PRESERVISION AREDS 2	81	<i>propylthiouracil</i>	70	REPATHA	50
PRESERVISION AREDS 2+MULTI VIT	81	PROQUAD	76	REPATHA PUSHTRONEX SYSTEM	49
PRESERVISION/LUTEIN	82	PROSOL	56	REPATHA SURECLICK	50
<i>pretomanid</i>	21	<i>protiptyline hcl</i>	18	RESTASIS	83
PREVACID 24HR	59	<i>pseudoeph-bromphen-dm</i>	90	RETACRIT	44
PREVIDENT	52	<i>pseudoeph-chlorphen-hydrocod</i>	90	RETEVMO	23
PREVIDENT 5000 BOOSTER PLUS	52	PTS PANELS GLUCOSE TEST	43	REVLIMID	22
<i>previfem</i>	67	PULMICORT FLEXHALER	86	REXULTI	30
PREVYMIS	31	PULMOZYME	88	REYATAZ	35
PREZCOBIX	35	PURE COMFORT PEN NEEDLE	82	REZUROCK	75
PREZISTA	35	PURIXAN	23	RHOPRESSA	82
PRIFTIN	21	PX DAYHIST ALLERGY	90	RIBAVIRIN	32
<i>primaquine phosphate</i>	28	<i>pyrazinamide</i>	21	<i>ribavirin</i>	32
<i>primidone</i>	14	<i>pyridostigmine bromide</i>	21	RIDAURA	72
PRIMSOL	8	<i>pyridostigmine bromide er</i>	21	<i>rifabutin</i>	21
PRIVIGEN	71	<i>pyrimethamine</i>	28	<i>rifampin</i>	21
PROAIR HFA	87	QINLOCK	26	<i>riluzole</i>	51
		QUADRACEL	76	<i>rimantadine hcl</i>	35
		<i>quetiapine fumarate</i>	30	RINVOQ	72
		QUICKTEK TEST	43	<i>risedronate sodium</i>	78
		<i>quinapril hcl</i>	45	RISPERDAL CONSTA	31
		<i>quinapril-hydrochlorothiazide</i>	45		

<i>risperidone</i>	31	SKYRIZI	72	<i>syeda</i>	67
<i>ritonavir</i>	35	SKYRIZI (150 MG DOSE)	72	SYMAX-SL	82
<i>rivastigmine</i>	16	SKYRIZI PEN	72	SYMAX-SR	82
<i>rivastigmine tartrate</i>	16	SLO-NIACIN	82	SYMBICORT	89
<i>rizatriptan benzoate</i>	21	<i>sodium chloride</i>	56	SYMDEKO	88
ROCKLATAN	83	<i>sodium fluoride</i>	56, 78	SYMJEPI	87
<i>ropinirole hcl</i>	28	SODIUM		SYMLINPEN 120	37
<i>ropinirole hcl er</i>	28	PHENYL BUTYRATE	60	SYMLINPEN 60	37
<i>rosadan</i>	8	<i>sodium polystyrene sulfonate</i>	56	SYMPAZAN	14
<i>rosuvastatin calcium</i>	49	<i>sofosbuvir-velpatasvir</i>	32	SYMTUZA	33
ROTARIX	76	<i>solifenacin succinate</i>	60	SYNAGIS	72
ROTATEQ	76	SOLTAMOX	22	SYNAREL	70
<i>roweepra</i>	13	SOMATULINE DEPOT	70	SYNDROS	18
ROZLYTREK	26	SOMAVERT	70	SYNJARDY	37
RUBRACA	26	<i>sorine</i>	46	SYNJARDY XR	37
RUCONEST	70	<i>sotalol hcl</i>	46	SYNRIBO	23
<i>rufinamide</i>	15	<i>sotalol hcl (af)</i>	46	SYNTHROID	69
RUKOBIA	34	SPIRIVA HANDIHALER	87	TABLOID	23
RUZURGI	59	SPIRIVA RESPIMAT	87	TABRECTA	26
RYDAPT	26	<i>spironolactone</i>	48	<i>tacrolimus</i>	54, 75
RYTARY	29	<i>spironolactone-hctz</i>	48	<i>tadalafil</i>	60, 78
<i>salsalate</i>	3	<i>sprintec 28</i>	67	<i>tadalafil (pah)</i>	89
SANDIMMUNE	75	SPRITAM	13	TAFINLAR	26
SANTYL	54	SPRYCEL	26	TAGRISO	23
<i>sapropterin dihydrochloride</i>	59	<i>sronyx</i>	67	TAKHZYRO	70
SAVELLA	52	<i>ssd</i>	8	TALTZ	72
SAVELLA TITRATION		<i>stavudine</i>	34	TALZENNA	26
PACK	52	STELARA	72	<i>tamoxifen citrate</i>	22
<i>scopolamine</i>	18	STENDRA	78	<i>tamsulosin hcl</i>	60
SECUADO	31	STIMATE	64	<i>taperdex 7-day</i>	63
<i>selegiline hcl</i>	29	STIOLTO RESPIMAT	89	TARGETIN	27
<i>selenium sulfide</i>	54	STIVARGA	26	<i>tarina 24 fe</i>	67
SELZENTRY	34	STREPTOMYCIN SULFATE ..	6	TASIGNA	26
SEREVENT DISKUS	87	STRIBILD	33	TAVALISSE	43
<i>sertraline hcl</i>	17	<i>sucralfate</i>	59	<i>tazarotene</i>	54
<i>sevelamer carbonate</i>	61	SULFACETAMIDE		TAZICEF	9
<i>sevelamer hcl</i>	61	SODIUM	12	TAZORAC	54
SHINGRIX	76	<i>sulfacetamide sodium</i>	12	<i>taztia xt</i>	47
SIGNIFOR	70	<i>sulfacetamide sodium (acne)</i>	54	TAZVERIK	26
SIGNIFOR LAR	70	<i>sulfacetamide sodium-sulfur</i>	54	TDVAX	76
SIKLOS	23	<i>sulfacetamide-prednisolone</i>	85	TECHLITE INSULIN	
<i>sildenafil citrate</i>	78, 89	<i>sulfadiazine</i>	12	SYRINGE	82
SILIQ	72	<i>sulfamethoxazole-trimethoprim</i> ..	12	TECHLITE PEN NEEDLES ..	82
<i>silodosin</i>	60	<i>sulfasalazine</i>	77	TEFLARO	9
<i>silver sulfadiazine</i>	8	<i>sulindac</i>	3	TEGSEDI	60
SIMBRINZA	84	<i>sumatriptan succinate</i>	21	<i>telmisartan</i>	45
SIMPONI	75	<i>sunitinib malate</i>	26	<i>telmisartan-amlodipine</i>	48
<i>simvastatin</i>	49	SUPRAX	9	<i>telmisartan-hctz</i>	45
<i>sirolimus</i>	75	SUPREP BOWEL PREP KIT ..	56	<i>temazepam</i>	91
SIRTURO	21	SURE COMFORT PEN		TEMIXYS	34
SITAVIG	32	NEEDLES	82	TENIVAC	76
SIVEXTRO	8	SURE-FINE PEN NEEDLES ..	82	<i>tenofovir disoproxil fumarate</i>	34

TEPMETKO	26	TRACLEER	89	TRUSELTIQ (100MG DAILY DOSE)	26
<i>terazosin hcl</i>	61	TRADJENTA	37	TRUSELTIQ (125MG DAILY DOSE)	27
<i>terbinafine hcl</i>	20	<i>tramadol hcl</i>	5	TRUSELTIQ (50MG DAILY DOSE)	27
<i>terbutaline sulfate</i>	87	<i>tramadol-acetaminophen</i>	5	TRUSELTIQ (75MG DAILY DOSE)	27
<i>terconazole</i>	20	<i>trandolapril</i>	45	TUKYSA	23
<i>teriparatide (recombinant)</i>	78	<i>trandolapril-verapamil hcl er</i>	45	TURALIO	27
TESSALON PERLES	82	<i>tranexamic acid</i>	44	TUSNEL C	78
<i>testosterone</i>	65	<i>tranylcypromine sulfate</i>	16	TUSSICAPS	78
<i>testosterone cypionate</i>	65	TRAVASOL	56	TUSSLIN	79
<i>testosterone enanthate</i>	65	<i>travoprost (bak free)</i>	82	TUSSLIN PEDIATRIC	79
<i>tetrabenazine</i>	51	<i>trazodone hcl</i>	17	TWINRIX	76
<i>tetracycline hcl</i>	12	TRECATOR	22	TYBOST	34
TEXACORT	63	TRELEGY ELLIPTA	90	TYPHIM VI	76
THALOMID	22	TREMFYA	72	UBRELVY	20
THEO-24	88	<i>tretinoin</i>	27, 54	UKONIQ	27
<i>theophylline er</i>	88	<i>trexall</i>	75	ULTICARE PEN NEEDLES ...82	
<i>thioridazine hcl</i>	29	<i>triamcinolone acetonide</i> . 52, 63, 86		ULTILET PEN NEEDLE	82
<i>thiotepa</i>	22	<i>triamterene</i>	48	ULTRA-THIN II PEN NEEDLES	82
<i>thiothixene</i>	29	<i>triamterene-hctz</i>	48	<i>unithroid</i>	69
<i>thyroid</i>	69	<i>triazolam</i>	91	UPTRAVI	89
<i>tiadylt er</i>	47	<i>triderm</i>	64	<i>ursodiol</i>	58
<i>tiagabine hcl</i>	14	TRIENTINE HCL	56	VABOMERE	8
TIBSOVO	24	<i>tri-estarylla</i>	67	<i>valacyclovir hcl</i>	32
<i>tigecycline</i>	8	<i>trifluoperazine hcl</i>	29	VALCHLOR	22
TIGLUTIK	52	<i>trifluridine</i>	32	<i>valganciclovir hcl</i>	31
<i>tilia fe</i>	67	<i>trihexyphenidyl hcl</i>	28	<i>valproic acid</i>	14
<i>timolol maleate</i>	21, 84	TRIJARDY XR	37	<i>valsartan</i>	45
<i>timolol maleate pf</i>	84	TRIKAFTA	88	<i>valsartan-hydrochlorothiazide</i> ... 45	
<i>tinidazole</i>	8	<i>tri-legest fe</i>	68	VALTOCO 10 MG DOSE	14
TIVICAY	33	<i>trilyte</i>	58	VALTOCO 15 MG DOSE	14
TIVICAY PD	33	<i>trimethoprim</i>	8	VALTOCO 20 MG DOSE	14
<i>tizanidine hcl</i>	31	<i>tri-mili</i>	68	VALTOCO 5 MG DOSE	14
TOBI PODHALER	88	<i>trimipramine maleate</i>	18	<i>vancomycin hcl</i>	8
TOBRADEX	85	TRIMO-SAN	82	VANCOMYCIN HCL	8
<i>tobramycin</i>	6, 88	<i>trinessa (28)</i>	68	<i>vandazole</i>	8
<i>tobramycin sulfate</i>	7	TRINTELLIX	16	VAQTA	76
<i>tobramycin-dexamethasone</i>	85	<i>tri-nymyo</i>	68	<i>vardenafil hcl</i>	79
TOLBUTAMIDE	37	<i>triphrocaps</i>	82	VARIVAX	76
<i>tolcapone</i>	28	<i>tri-previfem</i>	68	VARIZIG	76
<i>tolmetin sodium</i>	3	<i>tri-sprintec</i>	68	VASCEPA	50
<i>tolterodine tartrate</i>	60	TRIUMEQ	34	VELCADE	23
<i>tolterodine tartrate er</i>	60	<i>trivora (28)</i>	68	<i>velivet</i>	68
TOLVAPTAN	56	<i>tri-vylibra</i>	68	VELTASSA	56
<i>tolvaptan</i>	56	<i>tri-vylibra lo</i>	68	VENCLEXTA	23
<i>topiramate</i>	14	TROPHAMINE	56	VENCLEXTA STARTING PACK	23
<i>topiramate er</i>	14	<i>trospium chloride</i>	60	<i>venlafaxine hcl</i>	36
<i>toremifene citrate</i>	22	<i>trospium chloride er</i>	60		
<i>torseamide</i>	48	TRUEPLUS 5-BEVEL PEN NEEDLES	82		
TOUJEO MAX SOLOSTAR ...39		TRULICITY	37		
TOUJEO SOLOSTAR	39	TRUMENBA	76		
TOVET	54				
TPN ELECTROLYTES	57				

<i>venlafaxine hcl er</i>	17	XPOVIO (40 MG ONCE	
VENOFER	82	WEEKLY)	24
VENTAVIS	89	XPOVIO (40 MG TWICE	
<i>verapamil hcl</i>	47	WEEKLY)	24
<i>verapamil hcl er</i>	47	XPOVIO (60 MG ONCE	
VERQUVO	48	WEEKLY)	24
VERSACLOZ	31	XPOVIO (60 MG TWICE	
VERZENIO	24	WEEKLY)	24
VICTOZA	38	XPOVIO (80 MG ONCE	
<i>vigabatrin</i>	14	WEEKLY)	24
<i>vigadrone</i>	14	XPOVIO (80 MG TWICE	
VIIBRYD	17	WEEKLY)	24
VIIBRYD STARTER PACK ...	17	XTANDI	22
VIMPAT	15	XYREM	91
VIRACEPT	35	XYWAV	91
VIREAD	34	YF-VAX	76
VITRAKVI	24	YONSA	22
VIVITROL	6	<i>yuvafem</i>	68
VIZIMPRO	27	<i>zafirlukast</i>	86
<i>voriconazole</i>	20	<i>zaleplon</i>	91
VOSEVI	32	ZARXIO	44
VOTRIENT	27	ZEJULA	27
<i>vp-pnv-dha</i>	57	ZELAPAR	29
VRAYLAR	31	ZELBORAF	27
<i>vylibra</i>	68	ZEMAIRA	60
VYNDAMAX	64	ZEMDRI	7
VYNDAQEL	64	ZENPEP	60
VYTONE	54	ZERBAXA	9
<i>warfarin sodium</i>	44	<i>zidovudine</i>	34
<i>wymzya fe</i>	68	<i>zileuton er</i>	86
XALKORI	27	<i>ziprasidone hcl</i>	36
XARELTO	43	<i>ziprasidone mesylate</i>	31
XARELTO STARTER PACK	43	ZIRGAN	31
XATMEP	75	ZOLINZA	24
XCOPRI	13	<i>zolpidem tartrate</i>	91
XCOPRI (250 MG DAILY		<i>zolpidem tartrate er</i>	91
DOSE)	13	<i>zonisamide</i>	13
XCOPRI (350 MG DAILY		ZORBTIVE	64
DOSE)	13	ZORTRESS	75
XELJANZ	72	<i>zosyn</i>	11
XELJANZ XR	72	<i>zovia 1/35 (28)</i>	68
XERMELO	58	ZYDELIG	24
XGEVA	78	ZYKADIA	27
XIFAXAN	8	ZYPREXA RELPREVV	31
XIGDUO XR	38	ZYRTEC ALLERGY	90
XOFLUZA (40 MG DOSE)	35	ZYRTEC CHILDRENS	
XOFLUZA (80 MG DOSE)	35	ALLERGY	90
XOLAIR	72	ZYRTEC-D ALLERGY &	
XOSPATA	24	CONGESTION	86
XPOVIO (100 MG ONCE			
WEEKLY)	24		



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This formulary was updated on 10/05/2021. For more recent information or other questions, please contact Fallon Medicare Plus Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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