

# Fallon Medicare Plus™ Premier

## 2021 Formulary (List of Covered Drugs)

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

Formulary ID: 00021086 Version: Version 19

This formulary was updated on 06/24/2021. For more recent information or other questions, please contact Fallon Medicare Plus Premier at 1-800-325-5669, or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/medicare](http://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 06/24/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Fallon Medicare Plus Premier Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

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

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

The enclosed formulary is current as of 06/24/2021. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at [fallonhealth.org/medicare](http://fallonhealth.org/medicare).

## How do I use the Formulary?

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

### **For more information**

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

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

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

## Fallon Medicare Plus Premier Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your <i>Pharmacy Directory</i> or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Medicare Plus requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
QL	Quantity Limit. For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Alpha-Galactosidase</b>		
<b>Alpha-Galactosidase</b>		
<b>GALAFOLD ORAL CAPSULE</b>	Tier 4	PA
<b>Analgesics</b>		
<b>Analgesics</b>		
<b>BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE</b>	Tier 4	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	
<b>GRALISE ORAL TABLET</b>	Tier 4	PA
<i>tencon oral tablet 50-325 mg</i>	Tier 1	
<i>zebutal oral capsule 50-325-40 mg</i>	Tier 1	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<b>CAMBIA ORAL PACKET</b>	Tier 4	PA
<i>celecoxib oral capsule</i>	Tier 1	
<i>diclofenac potassium oral tablet</i>	Tier 2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 2	
<i>diclofenac sodium oral tablet delayed release</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 2	
<i>diflunisal oral tablet</i>	Tier 2	
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 2	
<i>fenoprofen calcium oral capsule 400 mg</i>	Tier 1	
<i>fenoprofen calcium oral tablet</i>	Tier 1	
<b>FLECTOR EXTERNAL PATCH</b>	Tier 4	PA
<i>ibuprofen oral suspension</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<b>INDOCIN RECTAL SUPPOSITORY</b>	Tier 4	
<i>indomethacin er oral capsule extended release</i>	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier 1	
<i>ketoprofen oral capsule</i>	Tier 2	
<i>ketorolac tromethamine oral tablet</i>	Tier 1	
<i>meclofenamate sodium oral capsule</i>	Tier 2	

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine transdermal patch weekly</i>	Tier 2	PA
<b>LUCEMYRA ORAL TABLET</b>	Tier 4	
<i>naltrexone hcl oral tablet</i>	Tier 1	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 3	
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 4	
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	
<i>naloxone hcl injection solution cartridge</i>	Tier 6	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	
<b>NARCAN NASAL LIQUID</b>	Tier 6	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1	
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>	Tier 4	QL (56 EA per 28 days)
<b>CHANTIX ORAL TABLET</b>	Tier 4	QL (60 EA per 30 days)
<b>CHANTIX STARTING MONTH PAK ORAL TABLET</b>	Tier 4	QL (53 EA per 28 days)
<b>NICOTROL INHALATION INHALER</b>	Tier 4	
<b>Antiasthmatic And Bronchodilator Agents</b>		
<b>Respiratory Tract Agents, Other</b>		
<b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 4	PA; QL (1 EA per 1 day)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 2	B/D
<b>ARIKAYCE INHALATION SUSPENSION</b>	Tier 4	PA; QL (8.4 ML per 1 day)
<i>gentak ophthalmic ointment</i>	Tier 1	
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution</i>	Tier 2	B/D

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



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



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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<b>Quinolones</b>		
<b>BAXDELA ORAL TABLET</b>	Tier 4	PA; QL (2 EA per 1 day)
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>CILOXAN OPHTHALMIC OINTMENT</b>	Tier 3	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	Tier 4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 2	B/D
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	Tier 2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>gatifloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin intravenous solution</i>	Tier 2	B/D
<i>levofloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 2	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 2	
<i>ofloxacin ophthalmic solution</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ofloxacin otic solution</i>	Tier 2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
<b>SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT</b>	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<b>SULFADIAZINE ORAL TABLET</b>	Tier 4	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	Tier 1	B/D
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 &amp; 200 MG</b>	Tier 5	QL (56 EA per 28 days); NEDS
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	QL (56 EA per 28 days); NEDS
<b>XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG</b>	Tier 5	QL (60 EA per 30 days); NEDS
<b>XCOPRI ORAL TABLET 50 MG</b>	Tier 5	QL (90 EA per 30 days); NEDS
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG &amp; 14 X 25 MG</b>	Tier 4	QL (28 EA per 28 days); NEDS
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG &amp; 14 X200 MG, 14 X 50 MG &amp; 14 X100 MG</b>	Tier 5	QL (28 EA per 28 days); NEDS
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN ORAL CAPSULE</b>	Tier 4	
<i>ethosuximide oral capsule</i>	Tier 2	
<i>ethosuximide oral solution</i>	Tier 2	
<i>zonisamide oral capsule</i>	Tier 1	
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	Tier 3	PA
<i>clobazam oral tablet</i>	Tier 3	PA
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	
<b>DIACOMIT ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>DIACOMIT ORAL PACKET</b>	Tier 5	PA; NEDS
<b>DIASTAT ACUDIAL RECTAL GEL</b>	Tier 4	
<b>DIASTAT PEDIATRIC RECTAL GEL</b>	Tier 4	
<i>diazepam rectal gel</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	
<b>EPIDIOLEX ORAL SOLUTION</b>	Tier 4	PA
<i>gabapentin oral capsule</i>	Tier 2	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	
<i>gabapentin oral tablet</i>	Tier 2	
<b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>	Tier 4	ST
<b>NAYZILAM NASAL SOLUTION</b>	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	
<i>phenobarbital oral tablet</i>	Tier 2	
<i>primidone oral tablet</i>	Tier 1	

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



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



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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>	Tier 4	QL (60 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>	Tier 4	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier 4	PA
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	Tier 4	PA
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier 3	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 2	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	Tier 3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	
<i>fluvoxamine maleate oral tablet</i>	Tier 2	
<i>maprotiline hcl oral tablet</i>	Tier 2	
<i>nefazodone hcl oral tablet</i>	Tier 2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	
<b>PAXIL ORAL SUSPENSION</b>	Tier 4	
<b>PEXEVA ORAL TABLET</b>	Tier 4	
<i>sertraline hcl oral concentrate</i>	Tier 1	
<i>sertraline hcl oral tablet</i>	Tier 1	
<i>trazodone hcl oral tablet</i>	Tier 1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<b>VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG</b>	Tier 4	
<b>VIIBRYD ORAL TABLET</b>	Tier 4	PA
<b>VIIBRYD STARTER PACK ORAL KIT</b>	Tier 4	PA
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	Tier 1	PA

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible</i>	Tier 2	B/D
<b>SANCUSO TRANSDERMAL PATCH</b>	Tier 4	ST; QL (4 EA per 30 days)
<b>SYNDROS ORAL SOLUTION</b>	Tier 4	B/D
<b>VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 4	
<b>ZUPLENZ ORAL FILM</b>	Tier 4	ST; QL (1 EA per 1 day)
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	Tier 4	B/D
<b>ALA-QUIN EXTERNAL CREAM</b>	Tier 4	
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</b>	Tier 4	B/D
<b>BIO-STATIN ORAL CAPSULE</b>	Tier 4	
<i>bio-statin oral powder</i>	Tier 1	
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	B/D; NEDS
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	B/D; NEDS
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>ciclopirox treatment external kit</i>	Tier 1	
<i>clotrimazole external cream</i>	Tier 2	
<i>clotrimazole external solution</i>	Tier 1	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
<b>CRESEMBA ORAL CAPSULE</b>	Tier 4	ST
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
<b>ERTACZO EXTERNAL CREAM</b>	Tier 4	
<b>EXELDERM EXTERNAL CREAM</b>	Tier 3	
<b>EXELDERM EXTERNAL SOLUTION</b>	Tier 3	
<i>exoderm external lotion</i>	Tier 1	
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	Tier 2	B/D
<i>fluconazole oral suspension reconstituted</i>	Tier 1	
<i>fluconazole oral tablet</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>voriconazole oral tablet 200 mg</i>	Tier 5	NEDS
<i>voriconazole oral tablet 50 mg</i>	Tier 4	PA
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	Tier 1	
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	
<b>COLCRYS ORAL TABLET</b>	Tier 3	
<i>febuxostat oral tablet</i>	Tier 2	
<i>probenecid oral tablet</i>	Tier 1	
<b>Antihemophilic Products</b>		
<b>Anticoagulants</b>		
<b>HEMLIBRA SUBCUTANEOUS SOLUTION</b>	Tier 4	
<b>Anti-Inflammatory Agents</b>		
<b>Glucocorticoids</b>		
<b>EPIFOAM EXTERNAL FOAM</b>	Tier 4	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	Tier 1	B/D
<b>PRAMOSONE EXTERNAL CREAM 1-1 %</b>	Tier 4	
<b>PRAMOSONE EXTERNAL LOTION</b>	Tier 4	
<b>PRAMOSONE EXTERNAL OINTMENT</b>	Tier 4	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>etodolac oral capsule</i>	Tier 2	
<i>etodolac oral tablet</i>	Tier 2	
<i>flurbiprofen oral tablet</i>	Tier 2	
<i>ibu oral tablet 600 mg, 800 mg</i>	Tier 1	
<b>RELAFEN DS ORAL TABLET</b>	Tier 4	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; QL (1 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA; QL (4.5 ML per 90 days)
<b>NURTEC ORAL TABLET DISPERSIBLE</b>	Tier 4	
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier 1	PA; QL (9 EA per 30 days)
<b>UBRELVY ORAL TABLET</b>	Tier 4	PA; QL (16 EA per 30 days)
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate injection solution</i>	Tier 4	QL (8 ML per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	
<b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 3	
<i>ergotamine-caffeine oral tablet</i>	Tier 2	
<b>Prophylactic</b>		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	
<b>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA; QL (3 ML per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA; QL (1 ML per 1 day)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA; QL (1 ML per 1 day)
<i>timolol maleate oral tablet</i>	Tier 1	
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate oral tablet</i>	Tier 1	ST; QL (6 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	Tier 2	ST
<i>frovatriptan succinate oral tablet</i>	Tier 1	ST; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	Tier 2	QL (8 EA per 30 days)
<b>ONZETRA XSAIL NASAL EXHALER POWDER</b>	Tier 4	ST
<b>REYVOW ORAL TABLET 100 MG</b>	Tier 4	PA; QL (8 EA per 30 days)
<b>REYVOW ORAL TABLET 50 MG</b>	Tier 4	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan nasal solution</i>	Tier 1	ST; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 1	ST; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (24 ML per 90 days)



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



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	Tier 4	
<b>LEUKERAN ORAL TABLET</b>	Tier 3	
<b>MATULANE ORAL CAPSULE</b>	Tier 5	NEDS
<b>MYLERAN ORAL TABLET</b>	Tier 4	
<b>THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG</b>	Tier 5	B/D; NEDS
<b>VALCHLOR EXTERNAL GEL</b>	Tier 5	PA; NEDS
<b>YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet</i>	Tier 5	PA; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
<b>ERLEADA ORAL TABLET</b>	Tier 5	PA; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	
<b>NUBEQA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>XTANDI ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>XTANDI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>YONSA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>Antiangiogenic Agents</b>		
<b>POMALYST ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>REVLIMID ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>THALOMID ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>Antiestrogens/Modifiers</b>		
<b>EMCYT ORAL CAPSULE</b>	Tier 3	
<b>FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML</b>	Tier 5	B/D; NEDS
<b>SOLTAMOX ORAL SOLUTION</b>	Tier 4	
<i>tamoxifen citrate oral tablet</i>	Tier 1	
<i>toremifene citrate oral tablet</i>	Tier 3	
<b>Antimetabolites</b>		
<b>ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	Tier 5	B/D; NEDS
<i>capecitabine oral tablet</i>	Tier 1	
<b>DROXIA ORAL CAPSULE</b>	Tier 4	
<i>hydroxyurea oral capsule</i>	Tier 2	
<b>INQOVI ORAL TABLET</b>	Tier 5	PA; QL (5 EA per 28 days); NEDS
<b>LONSURF ORAL TABLET</b>	Tier 5	PA; NEDS

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	Tier 5	PA; NEDS
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	Tier 5	PA; NEDS
<b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	Tier 5	PA; NEDS
<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML</b>	Tier 5	PA; NEDS
<b>ZOLINZA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>ZYKADIA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>ZYKADIA ORAL TABLET</b>	Tier 5	PA
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	Tier 1	
<i>exemestane oral tablet</i>	Tier 2	
<i>letrozole oral tablet</i>	Tier 2	
<b>Enzyme Inhibitors</b>		
<b>ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>COPIKTRA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<i>etoposide intravenous solution 100 mg/5ml</i>	Tier 1	B/D
<i>etoposide intravenous solution 500 mg/25ml</i>	Tier 2	B/D
<i>etoposide oral capsule</i>	Tier 1	
<b>IBRANCE ORAL TABLET</b>	Tier 5	PA; NEDS
<b>IDHIFA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG</b>	Tier 5	PA; NEDS
<b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>TIBSOVO ORAL TABLET</b>	Tier 5	PA; NEDS
<i>toposar intravenous solution 500 mg/25ml</i>	Tier 2	B/D
<i>topotecan hcl intravenous solution reconstituted</i>	Tier 1	B/D
<b>VERZENIO ORAL TABLET</b>	Tier 5	PA; NEDS
<b>VITRAKVI ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>VITRAKVI ORAL SOLUTION</b>	Tier 5	PA; NEDS
<b>XOSPATA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>ZYDELIG ORAL TABLET</b>	Tier 5	PA; NEDS
<b>Molecular Target Inhibitors</b>		
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE</b>	Tier 5	PA; NEDS
<b>AFINITOR ORAL TABLET 10 MG</b>	Tier 5	PA; NEDS
<b>ALECENSA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>ALUNBRIG ORAL TABLET</b>	Tier 5	PA; NEDS
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>AYVAKIT ORAL TABLET</b>	Tier 5	PA; QL (1 EA per 1 day); NEDS
<b>BALVERSA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>BOSULIF ORAL TABLET</b>	Tier 5	PA; NEDS
<b>BRAFTOVI ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>BRUKINSA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>CABOMETYX ORAL TABLET</b>	Tier 5	PA; NEDS
<b>CALQUENCE ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>CAPRELSA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	Tier 5	PA; NEDS
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	Tier 5	PA; NEDS
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	Tier 5	PA; NEDS
<b>DAURISMO ORAL TABLET</b>	Tier 5	PA; NEDS
<b>ERIVEDGE ORAL CAPSULE</b>	Tier 5	PA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>erlotinib hcl oral tablet</i>	Tier 3	PA
<b>EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>	Tier 5	PA; NEDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA; NEDS
<b>FOTIVDA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>ICLUSIG ORAL TABLET</b>	Tier 5	PA; NEDS
<i>imatinib mesylate oral tablet</i>	Tier 3	
<b>IMBRUVICA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>IMBRUVICA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>INLYTA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>INREBIC ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>IRESSA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>JAKAFI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>KOSELUGO ORAL CAPSULE 10 MG</b>	Tier 5	PA; QL (8 EA per 1 day); NEDS
<b>KOSELUGO ORAL CAPSULE 25 MG</b>	Tier 5	PA; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA; NEDS
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>LORBRENA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>MEKINIST ORAL TABLET</b>	Tier 5	PA; NEDS
<b>MEKTOVI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>NERLYNX ORAL TABLET</b>	Tier 5	PA; NEDS
<b>NEXAVAR ORAL TABLET</b>	Tier 5	PA; NEDS
<b>PEMAZYRE ORAL TABLET</b>	Tier 5	PA; NEDS
<b>QINLOCK ORAL TABLET</b>	Tier 5	PA; NEDS
<b>ROZLYTREK ORAL CAPSULE</b>	Tier 5	PA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RYDAPT ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>SPRYCEL ORAL TABLET</b>	Tier 5	PA; NEDS
<b>STIVARGA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>SUTENT ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>TABRECTA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>TAFINLAR ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>TASIGNA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>TAZVERIK ORAL TABLET</b>	Tier 5	PA; NEDS
<b>TEPMETKO ORAL TABLET</b>	Tier 5	PA; NEDS
<b>TURALIO ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>UKONIQ ORAL TABLET</b>	Tier 5	PA; NEDS
<b>VIZIMPRO ORAL TABLET</b>	Tier 5	PA; NEDS
<b>VOTRIENT ORAL TABLET</b>	Tier 5	PA; NEDS
<b>XALKORI ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>ZELBORAF ORAL TABLET</b>	Tier 5	PA; NEDS
<b>Monoclonal Antibodies</b>		
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	Tier 4	B/D
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
<b>AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML</b>	Tier 5	B/D; NEDS
<b>BAVENCIO INTRAVENOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>CYRAMZA INTRAVENOUS SOLUTION</b>	Tier 5	B/D; NEDS
<b>DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML</b>	Tier 5	PA; NEDS
<b>EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG</b>	Tier 5	PA; NEDS
<b>IMFINZI INTRAVENOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	Tier 5	PA; NEDS
<b>KEYTRUDA INTRAVENOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML</b>	Tier 5	PA; NEDS
<b>PERJETA INTRAVENOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>RITUXAN INTRAVENOUS SOLUTION</b>	Tier 5	B/D; NEDS
<b>TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML</b>	Tier 5	PA; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>YERVOY INTRAVENOUS SOLUTION 50 MG/10ML</b>	Tier 5	PA; NEDS
<b>Retinoids</b>		
<i>bexarotene oral capsule</i>	Tier 5	NEDS
<b>PANRETIN EXTERNAL GEL</b>	Tier 4	
<b>TARGRETIN EXTERNAL GEL</b>	Tier 5	PA; NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
<b>Treatment Adjuncts</b>		
<b>ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG</b>	Tier 5	B/D; NEDS
<b>MESNEX ORAL TABLET</b>	Tier 4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	Tier 1	
<i>ivermectin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 2	
<b>Antiprotozoals</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	Tier 4	
<i>atovaquone oral suspension</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	
<i>chloroquine phosphate oral tablet</i>	Tier 2	
<b>COARTEM ORAL TABLET</b>	Tier 4	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 2	
<b>IMPAVIDO ORAL CAPSULE</b>	Tier 5	NEDS
<b>KRINTAFEL ORAL TABLET</b>	Tier 4	
<i>mefloquine hcl oral tablet</i>	Tier 2	
<i>nitazoxanide oral tablet</i>	Tier 2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	B/D
<i>primaquine phosphate oral tablet</i>	Tier 2	
<i>pyrimethamine oral tablet</i>	Tier 2	
<i>quinine sulfate oral capsule</i>	Tier 1	
<i>tinidazole oral tablet</i>	Tier 1	
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Pediculicides/Scabicides</b>		
<i>crotan external lotion</i>	Tier 2	
<i>lindane external shampoo</i>	Tier 2	
<i>malathion external lotion</i>	Tier 2	
<i>permethrin external cream</i>	Tier 3	
<b>SKLICE EXTERNAL LOTION</b>	Tier 4	
<i>spinosad external suspension</i>	Tier 2	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	Tier 1	PA
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone oral tablet</i>	Tier 2	
<b>NOURIANZ ORAL TABLET</b>	Tier 4	PA; QL (1 EA per 1 day); NEDS
<b>ONGENTYS ORAL CAPSULE</b>	Tier 4	PA; QL (30 EA per 30 days)
<i>osmolex er oral tablet extended release 24 hour</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolcapone oral tablet</i>	Tier 5	NEDS
<b>Dopamine Agonists</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	
<i>bromocriptine mesylate oral tablet</i>	Tier 2	
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>KYNMOBI SUBLINGUAL FILM</b>	Tier 5	PA; NEDS
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	Tier 4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier 1	
<i>pramipexole dihydrochloride oral tablet</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	Tier 2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>EPIVIR HBV ORAL SOLUTION</b>	Tier 3	
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	Tier 3	
<b>INTRON A INJECTION SOLUTION RECONSTITUTED</b>	Tier 3	
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
<b>VEMLIDY ORAL TABLET</b>	Tier 4	
<b>Anti-Hepatitis C (Hcv) Agents</b>		
<b>EPCLUSA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>LEDIPASVIR-SOFOSBUVIR ORAL TABLET</b>	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
<b>VIEKIRA PAK ORAL TABLET THERAPY PACK</b>	Tier 4	PA
<b>ZEPATIER ORAL TABLET</b>	Tier 5	PA; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG</b>	Tier 5	PA; NEDS
<b>MAVYRET ORAL TABLET</b>	Tier 5	PA; NEDS
<b>VOSEVI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	Tier 5	NEDS
<b>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML</b>	Tier 5	NEDS
<i>ribasphere oral capsule</i>	Tier 2	
<i>ribasphere oral tablet 200 mg, 400 mg</i>	Tier 2	
<i>ribasphere oral tablet 600 mg</i>	Tier 5	NEDS
<b>RIBAVIRIN INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<b>VIRAZOLE INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Others</b>		
<b>HARVONI ORAL PACKET</b>	Tier 5	PA; NEDS
<b>HARVONI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>SOVALDI ORAL PACKET</b>	Tier 5	PA; NEDS
<b>SOVALDI ORAL TABLET</b>	Tier 5	PA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antiherpetic Agents</b>		
<i>acyclovir external cream</i>	Tier 2	ST
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 2	B/D
<b>DENAVIR EXTERNAL CREAM</b>	Tier 4	ST
<i>famciclovir oral tablet</i>	Tier 2	
<b>SITAVIG BUCCAL TABLET</b>	Tier 4	
<i>trifluridine ophthalmic solution</i>	Tier 1	
<i>valacyclovir hcl oral tablet</i>	Tier 1	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
<b>BIKTARVY ORAL TABLET</b>	Tier 5	NEDS
<b>GENVOYA ORAL TABLET</b>	Tier 5	NEDS
<b>ISENTRESS HD ORAL TABLET</b>	Tier 5	NEDS
<b>ISENTRESS ORAL PACKET</b>	Tier 3	
<b>ISENTRESS ORAL TABLET</b>	Tier 5	NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	Tier 3	
<b>STRIBILD ORAL TABLET</b>	Tier 5	NEDS
<b>SYMTUZA ORAL TABLET</b>	Tier 5	NEDS
<b>TIVICAY ORAL TABLET 10 MG</b>	Tier 3	
<b>TIVICAY ORAL TABLET 25 MG, 50 MG</b>	Tier 5	NEDS
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	Tier 3	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<b>COMPLERA ORAL TABLET</b>	Tier 5	NEDS
<b>EDURANT ORAL TABLET</b>	Tier 5	NEDS
<i>efavirenz oral tablet</i>	Tier 1	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier 5	
<b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>	Tier 5	NEDS
<b>INTELENCE ORAL TABLET 25 MG</b>	Tier 4	
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier 2	
<i>nevirapine oral suspension</i>	Tier 1	
<i>nevirapine oral tablet</i>	Tier 2	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	Tier 3	NEDS
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	Tier 3	
<b>TYBOST ORAL TABLET</b>	Tier 3	
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>APTIVUS ORAL CAPSULE</b>	Tier 5	NEDS
<b>APTIVUS ORAL SOLUTION</b>	Tier 5	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	Tier 3	
<b>EVOTAZ ORAL TABLET</b>	Tier 5	NEDS
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET</b>	Tier 5	NEDS
<b>INVIRASE ORAL TABLET</b>	Tier 5	NEDS
<b>KALETRA ORAL TABLET 100-25 MG</b>	Tier 3	
<b>KALETRA ORAL TABLET 200-50 MG</b>	Tier 5	NEDS
<b>LEXIVA ORAL SUSPENSION</b>	Tier 4	
<i>lopinavir-ritonavir oral solution</i>	Tier 2	
<b>NORVIR ORAL PACKET</b>	Tier 3	
<b>NORVIR ORAL SOLUTION</b>	Tier 3	
<b>PREZCOBIX ORAL TABLET</b>	Tier 5	NEDS
<b>PREZISTA ORAL SUSPENSION</b>	Tier 4	
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	Tier 4	
<b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>	Tier 5	NEDS
<b>REYATAZ ORAL PACKET</b>	Tier 4	
<i>ritonavir oral tablet</i>	Tier 2	
<b>VIRACEPT ORAL TABLET 250 MG</b>	Tier 3	
<b>VIRACEPT ORAL TABLET 625 MG</b>	Tier 5	NEDS
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	
<i>amantadine hcl oral syrup</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	



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

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

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

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

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

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

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



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



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

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

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

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

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

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

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



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



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

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

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

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

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

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

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



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



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

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

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

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

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

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

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



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CHOLBAM ORAL CAPSULE</b>	Tier 4	PA
<i>cromolyn sodium oral concentrate</i>	Tier 2	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
<b>ENDARI ORAL PACKET</b>	Tier 4	PA; QL (6 EA per 1 day)
<b>GATTEX SUBCUTANEOUS KIT</b>	Tier 5	PA; NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	B/D
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 1	ST
<b>MOTEGRITY ORAL TABLET</b>	Tier 4	PA; QL (1 EA per 1 day)
<b>MOTOFEN ORAL TABLET</b>	Tier 4	
<b>MOVANTI ORAL TABLET</b>	Tier 3	
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	Tier 4	PA
<b>OICALIVA ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>OSMOPREP ORAL TABLET</b>	Tier 4	
<b>PYLERA ORAL CAPSULE</b>	Tier 4	PA; QL (120 EA per 10 days)
<b>RELISTOR ORAL TABLET</b>	Tier 5	PA; NEDS
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	Tier 5	PA; NEDS
<b>SYMPROIC ORAL TABLET</b>	Tier 4	PA
<i>ursodiol oral capsule</i>	Tier 2	
<i>ursodiol oral tablet</i>	Tier 4	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	
<i>cimetidine oral tablet</i>	Tier 2	
<i>famotidine oral suspension reconstituted</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>nizatidine oral capsule</i>	Tier 1	
<i>nizatidine oral solution</i>	Tier 1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet</i>	Tier 5	PA; QL (2 EA per 1 day); NEDS
<b>AMITIZA ORAL CAPSULE</b>	Tier 3	
<b>LINZESS ORAL CAPSULE</b>	Tier 3	
<i>lubiprostone oral capsule</i>	Tier 3	
<b>VIBERZI ORAL TABLET</b>	Tier 4	PA



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

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate external ointment</i>	Tier 2	
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	
<i>halobetasol propionate external ointment</i>	Tier 4	
<b>HALOG EXTERNAL OINTMENT</b>	Tier 4	
<b>HEMADY ORAL TABLET</b>	Tier 4	PA; QL (60 EA per 30 days)
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository</i>	Tier 1	
<i>hydrocortisone butyr lipo base external cream</i>	Tier 2	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 4	
<i>hydrocortisone butyrate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	
<i>hydrocortisone butyrate external solution</i>	Tier 2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone valerate external cream</i>	Tier 4	
<i>hydrocortisone valerate external ointment</i>	Tier 4	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 1	
<b>ISTURISA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL</b>	Tier 4	
<i>lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %, 3-2.5 %</i>	Tier 1	
<b>MEDROL ORAL TABLET 2 MG</b>	Tier 4	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	Tier 1	B/D
<i>mometasone furoate external cream</i>	Tier 2	
<i>mometasone furoate external ointment</i>	Tier 2	
<i>mometasone furoate external solution</i>	Tier 2	
<b>NUCORT EXTERNAL LOTION</b>	Tier 4	
<b>ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier 4	ST
<i>prednicarbate external cream</i>	Tier 1	
<i>prednicarbate external ointment</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	



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



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

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

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

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

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

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

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

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



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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	Tier 5	PA; QL (2 EA per 28 days); NEDS
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	PA; QL (4 EA per 28 days); NEDS
<b>INGREZZA ORAL CAPSULE 40 MG, 80 MG</b>	Tier 5	PA; NEDS
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; NEDS
<b>LUPKYNIS ORAL CAPSULE</b>	Tier 5	PA; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	Tier 1	B/D
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 2	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	B/D
<i>methotrexate sodium injection solution reconstituted</i>	Tier 1	B/D
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	Tier 1	B/D
<i>mycophenolate mofetil oral capsule</i>	Tier 2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 2	B/D
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D
<b>NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	B/D; NEDS
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (4 ML per 28 days); NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; QL (4 ML per 28 days); NEDS
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	Tier 4	PA
<b>PROGRAF ORAL PACKET</b>	Tier 4	B/D

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	Tier 4	PA
<b>REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	
<b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 5	PA; QL (1 EA per 1 day); NEDS
<b>SANDIMMUNE ORAL SOLUTION</b>	Tier 4	B/D
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<i>sirolimus oral solution</i>	Tier 3	B/D
<i>sirolimus oral tablet</i>	Tier 2	B/D
<i>tacrolimus oral capsule</i>	Tier 2	B/D
<b>TREXALL ORAL TABLET</b>	Tier 4	B/D
<b>XATMEP ORAL SOLUTION</b>	Tier 4	B/D
<b>XELJANZ ORAL SOLUTION</b>	Tier 5	PA; NEDS
<b>XELJANZ ORAL TABLET 10 MG</b>	Tier 5	PA; NEDS
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 5	PA; NEDS
<b>ZORTRESS ORAL TABLET 0.25 MG</b>	Tier 4	B/D
<b>ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG</b>	Tier 5	B/D; NEDS
<b>Immunizing Agents, Passive</b>		
<b>GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML</b>	Tier 5	PA; NEDS
<b>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</b>	Tier 4	PA
<b>HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML</b>	Tier 4	B/D
<b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML</b>	Tier 5	PA; NEDS
<b>THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	B/D; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Immunoglobulins</b>		
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	Tier 5	PA; QL (2 EA per 28 days); NEDS
<b>Immunomodulators</b>		
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>ILARIS SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<i>leflunomide oral tablet</i>	Tier 2	
<b>OLUMIANT ORAL TABLET</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>OTEZLA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>RIDAURA ORAL CAPSULE</b>	Tier 3	
<b>SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML</b>	Tier 5	PA; NEDS
<b>XELJANZ ORAL TABLET 5 MG</b>	Tier 5	PA; NEDS
<b>Vaccines</b>		
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	Tier 6	
<i>bcg vaccine injection injectable</i>	Tier 6	
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	Tier 6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	
<b>ENGERIX-B INJECTION SUSPENSION</b>	Tier 6	B/D
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>HAVRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	
<b>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</b>	Tier 6	
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>IPOL INJECTION INJECTABLE</b>	Tier 6	
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>KINRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>MENACTRA INTRAMUSCULAR INJECTABLE</b>	Tier 6	
<b>MENQUADFI INTRAMUSCULAR INJECTABLE</b>	Tier 6	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	
<b>M-M-R II INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	
<b>PEDIARIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	Tier 6	B/D
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>ROTATEQ ORAL SOLUTION</b>	Tier 6	
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	Tier 6	QL (2 EA per 999 days)
<b>TDVAX INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>TENIVAC INTRAMUSCULAR INJECTABLE</b>	Tier 6	
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	Tier 6	



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	Tier 6	
<b>VARIVAX SUBCUTANEOUS INJECTABLE</b>	Tier 6	
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	Tier 6	NEDS
<b>VIVOTIF ORAL CAPSULE DELAYED RELEASE</b>	Tier 4	
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Tier 6	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule</i>	Tier 2	
<b>DIPENTUM ORAL CAPSULE</b>	Tier 5	NEDS
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 2	
<i>mesalamine oral capsule delayed release</i>	Tier 1	
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 2	
<i>mesalamine rectal suppository</i>	Tier 3	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>	Tier 4	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
<b>CORTIFOAM RECTAL FOAM</b>	Tier 3	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
<b>Sulfonamides</b>		
<i>sulfasalazine oral tablet</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	Tier 1	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	Tier 4	ST
<i>calcitonin (salmon) nasal solution</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 2	B/D
<i>calcitriol oral capsule</i>	Tier 2	B/D
<i>calcitriol oral solution</i>	Tier 2	B/D
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier 4	B/D
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier 5	B/D; NEDS
<i>doxercalciferol oral capsule</i>	Tier 3	B/D
<i>etidronate disodium oral tablet</i>	Tier 2	
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML</b>	Tier 5	PA; NEDS
<b>FOSAMAX PLUS D ORAL TABLET</b>	Tier 3	QL (4 EA per 28 days)
<i>ibandronate sodium intravenous solution</i>	Tier 1	B/D
<i>ibandronate sodium oral tablet</i>	Tier 2	QL (1 EA per 28 days)
<b>MIACALCIN INJECTION SOLUTION</b>	Tier 4	B/D
<i>paricalcitol oral capsule</i>	Tier 2	PA
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	Tier 4	
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	Tier 1	QL (4 EA per 28 days)
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	PA
<b>XGEVA SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<i>zoledronic acid intravenous concentrate</i>	Tier 1	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 1	B/D

### **Miscellaneous Therapeutic Agents**

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<b>ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>ALFERON N INJECTION SOLUTION</b>	Tier 4	PA
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Tier 4	
<b>BD PEN NEEDLE ORIGINAL U/F</b>	Tier 4	
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML</b>	Tier 4	
<b>BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Tier 4	
<i>deferiprone oral tablet</i>	Tier 5	PA; NEDS
<b>DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML</b>	Tier 4	
<b>EXEL COMFORT POINT PEN NEEDLE 29G X 12MM</b>	Tier 4	
<b>FERRIPROX ORAL SOLUTION</b>	Tier 4	PA
<b>FERRIPROX ORAL TABLET 1000 MG</b>	Tier 5	PA; NEDS
<b>FERRIPROX TWICE-A-DAY ORAL TABLET</b>	Tier 5	PA; NEDS
<b>GRASTEK SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 4	PA
<b>INTRALIPID INTRAVENOUS EMULSION 30 %</b>	Tier 4	B/D
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML</b>	Tier 3	
<b>KEYEYIS ORAL TABLET</b>	Tier 5	PA; NEDS
<i>levocarnitine oral solution</i>	Tier 2	B/D
<i>levocarnitine oral tablet</i>	Tier 2	B/D
<b>LITETOUCH PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 1	
<b>MONOJECT HYPODERMIC NEEDLE 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 27G X 1/2" , 30G X 3/4"</b>	Tier 4	
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML</b>	Tier 4	
<b>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 4	PA
<b>NATPARA SUBCUTANEOUS CARTRIDGE</b>	Tier 5	PA; NEDS
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	Tier 4	
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 4	PA
<b>PALFORZIA (12 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (120 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (160 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (20 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (200 MG DAILY DOSE) ORAL</b>	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PALFORZIA (240 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (3 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (300 MG MAINTENANCE) ORAL PACKET</b>	Tier 4	PA
<b>PALFORZIA (300 MG TITRATION) ORAL PACKET</b>	Tier 4	PA
<b>PALFORZIA (40 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (6 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA (80 MG DAILY DOSE) ORAL</b>	Tier 4	PA
<b>PALFORZIA INITIAL ESCALATION ORAL</b>	Tier 4	PA
<b>PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION</b>	Tier 4	PA
<b>PENTETATE ZINC TRISODIUM COMBINATION SOLUTION</b>	Tier 4	PA
<b>PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>	Tier 4	
<b>RAGWITEK SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 4	PA
<b>RELI-ON INSULIN SYRINGE 29G 0.3 ML</b>	Tier 4	
<b>RELION INSULIN SYRINGE 31G X 15/64" 1 ML</b>	Tier 4	
<b>SURE COMFORT PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>SURE-FINE PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML</b>	Tier 4	
<b>TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>ULTICARE PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>ULTILET PEN NEEDLE 29G X 12.7MM</b>	Tier 4	
<b>ULTRA-THIN II PEN NEEDLES</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	Tier 4	
<b>XURIDEN ORAL PACKET</b>	Tier 4	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin And Prostanamide Analogs</b>		
<b>COMBIGAN OPHTHALMIC SOLUTION</b>	Tier 3	
<i>latanoprost ophthalmic solution</i>	Tier 2	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier 3	
<b>ZIOPTAN OPHTHALMIC SOLUTION</b>	Tier 4	PA
<b>Ophthalmic Agents, Other</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	
<i>altafrin ophthalmic solution 10 %</i>	Tier 1	
<b>ATROPINE SULFATE OPHTHALMIC OINTMENT</b>	Tier 4	
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>balanced salt intraocular solution</i>	Tier 1	
<b>CEQUA OPHTHALMIC SOLUTION</b>	Tier 4	PA; QL (2 EA per 1 day)
<b>CYCLOMYDRIL OPHTHALMIC SOLUTION</b>	Tier 4	
<i>cyclopentolate hcl ophthalmic solution</i>	Tier 1	
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	Tier 5	PA; NEDS
<i>homatropaire ophthalmic solution</i>	Tier 1	
<b>LACRISERT OPHTHALMIC INSERT</b>	Tier 4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 1	
<b>RESTASIS OPHTHALMIC EMULSION</b>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tropicamide ophthalmic solution</i>	Tier 1	
<b>UPNEEQ OPHTHALMIC SOLUTION</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>Ophthalmic Anti-Allergy Agents</b>		
<b>ALOCRILOPHTHALMIC SOLUTION</b>	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<b>BEPREVE OPHTHALMIC SOLUTION</b>	Tier 4	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<b>EMADINE OPHTHALMIC SOLUTION</b>	Tier 4	
<i>epinastine hcl ophthalmic solution</i>	Tier 2	
<b>LASTACAFTOPHTHALMIC SOLUTION</b>	Tier 4	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	
<b>ZERVIAE OPHTHALMIC SOLUTION</b>	Tier 4	ST
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	Tier 3	
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<b>AZOPT OPHTHALMIC SUSPENSION</b>	Tier 3	
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	
<b>BETIMOL OPHTHALMIC SOLUTION</b>	Tier 3	
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	Tier 3	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 2	
<i>carteolol hcl ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	Tier 4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	Tier 4	
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	Tier 3	
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>timolol maleate ophthalmic solution</i>	Tier 1	
<i>timolol maleate pf ophthalmic solution</i>	Tier 2	
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %</b>	Tier 4	
<b>TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 %</b>	Tier 4	
<b>Ophthalmic Anti-Inflammatories</b>		
<b>ACUVAIL OPHTHALMIC SOLUTION</b>	Tier 4	
<b>ALOMIDE OPHTHALMIC SOLUTION</b>	Tier 4	
<b>ALREX OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<b>BROMSITE OPHTHALMIC SOLUTION</b>	Tier 4	QL (5 ML per 1 day)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<b>DUREZOL OPHTHALMIC EMULSION</b>	Tier 4	
<b>EYSUVIS OPHTHALMIC SUSPENSION</b>	Tier 4	QL (16.6 ML per 30 days)
<b>FLAREX OPHTHALMIC SUSPENSION</b>	Tier 4	
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>FML OPHTHALMIC OINTMENT</b>	Tier 3	
<b>ILEVRO OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<b>LOTEMAX OPHTHALMIC GEL</b>	Tier 4	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	Tier 4	
<b>LOTEMAX SM OPHTHALMIC GEL</b>	Tier 4	
<i>loteprednol etabonate ophthalmic gel</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	Tier 3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NEVANAC OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>PRED-G OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	Tier 4	
<b>PROLENSA OPHTHALMIC SOLUTION</b>	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	Tier 3	
<b>TOBRADEX ST OPHTHALMIC SUSPENSION</b>	Tier 4	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	
<b>XIIDRA OPHTHALMIC SOLUTION</b>	Tier 4	PA; QL (2 EA per 1 day)
<b>ZYLET OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	Tier 2	ST
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	Tier 3	
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	
<b>VYZULTA OPHTHALMIC SOLUTION</b>	Tier 4	ST; QL (5 ML per 30 days)
<b>XELPROS OPHTHALMIC EMULSION</b>	Tier 4	
<b>Otic Agents</b>		
<b>Antibacterials, Other</b>		
<b>OTOVEL OTIC SOLUTION</b>	Tier 4	QL (14 EA per 7 days)
<b>Otic Agents</b>		
<i>acetazol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
<b>CIPRO HC OTIC SUSPENSION</b>	Tier 3	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	Tier 2	QL (14 EA per 7 days)
<i>cortic-nd otic solution</i>	Tier 1	
<i>exotic-hc otic solution</i>	Tier 1	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	



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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	PA
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	PA
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	PA
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	PA
<b>ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	PA
<b>ASMANEX HFA INHALATION AEROSOL</b>	Tier 4	PA
<b>BECONASE AQ NASAL SUSPENSION</b>	Tier 4	ST
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	
<i>budesonide inhalation suspension</i>	Tier 2	B/D
<i>budesonide nasal suspension</i>	Tier 1	
<b>DULERA INHALATION AEROSOL</b>	Tier 4	PA
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	
<b>FLOVENT HFA INHALATION AEROSOL</b>	Tier 3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate nasal suspension</i>	Tier 2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 2	
<i>mometasone furoate nasal suspension</i>	Tier 1	
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>OMNARIS NASAL SUSPENSION</b>	Tier 4	ST
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	
<b>QNASL CHILDRENS NASAL AEROSOL SOLUTION</b>	Tier 4	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D
<i>albuterol sulfate oral syrup</i>	Tier 2	
<i>albuterol sulfate oral tablet</i>	Tier 2	
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	Tier 4	ST
<i>epinephrine injection solution auto-injector</i>	Tier 2	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	
<b>METAPROTERENOL SULFATE ORAL TABLET</b>	Tier 4	
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION</b>	Tier 4	ST
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	Tier 3	
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 4	
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier 3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 1	
<b>UTIBRON NEOHALER INHALATION CAPSULE</b>	Tier 4	
<b>Cystic Fibrosis Agents</b>		
<b>BRONCHITOL INHALATION CAPSULE</b>	Tier 5	PA; NEDS
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>KALYDECO ORAL PACKET</b>	Tier 5	PA; NEDS
<b>KITABIS PAK INHALATION NEBULIZATION SOLUTION</b>	Tier 4	B/D
<b>ORKAMBI ORAL PACKET</b>	Tier 5	PA; NEDS
<b>ORKAMBI ORAL TABLET</b>	Tier 5	PA; NEDS
<b>PULMOZYME INHALATION SOLUTION</b>	Tier 5	B/D; NEDS

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

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

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



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	PA
<b>Sleep Disorders, Other</b>		
<i>armodafinil oral tablet</i>	Tier 1	PA
<b>BELSOMRA ORAL TABLET</b>	Tier 4	PA; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<b>SUNOSI ORAL TABLET</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>WAKIX ORAL TABLET</b>	Tier 4	PA; QL (2 EA per 1 day); NEDS
<b>XYREM ORAL SOLUTION</b>	Tier 5	PA; NEDS
<b>XYWAV ORAL SOLUTION</b>	Tier 5	PA
<b>Sleep Promoting Agents</b>		
<b>DAYVIGO ORAL TABLET</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
<b>CHEMET ORAL CAPSULE</b>	Tier 3	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	Tier 2	
<i>deferasirox oral tablet soluble</i>	Tier 5	NEDS
<b>LOKELMA ORAL PACKET</b>	Tier 4	ST
<b>VELTASSA ORAL PACKET</b>	Tier 3	
<b>Electrolyte/Mineral Replacement</b>		
<i>av-phos 250 neutral oral tablet</i>	Tier 1	
<b>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ</b>	Tier 4	
<i>effe-r-k oral tablet effervescent 25 meq</i>	Tier 1	
<i>fluoritab oral solution</i>	Tier 1	
<i>fluoritab oral tablet chewable</i>	Tier 1	
<i>phospha 250 neutral oral tablet</i>	Tier 1	
<b>Vitamins</b>		
<i>aminobenzoate potassium oral packet</i>	Tier 1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>ergocalciferol oral capsule</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>phytonadione oral tablet</i>	Tier 1	
<b>POTABA ORAL CAPSULE</b>	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>prenatal oral tablet 27-1 mg</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 2	
<b>Vaccines</b>		
<b>Vaccines</b>		
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Tier 6	
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	



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This formulary was updated on 06/24/2021. For more recent information or other questions, please contact Fallon Medicare Plus at 1-800-325-5669 or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/medicare](https://fallonhealth.org/medicare).

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