



Quartz Medicare Advantage (HMO) and Dual Eligible 2024 Formulary

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 24483, Version Number 11

This formulary was updated on 04/01/2024. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at [QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage).

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 Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. When it refers to "plan" or "our plan," it means Quartz Medicare Advantage (HMO) and Quartz Dual Eligible.

This document includes a list of the drugs (formulary) for Medicare Advantage and Dual Eligible plans, which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appear 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, 2025, and from time to time during the year.

What is the formulary?

A formulary is a list of covered drugs selected by us 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Quartz Medicare Advantage 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 we 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. You can find information in the section below titled "How do I request an exception to the formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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 the 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. You can also find information in the section below entitled "How do I request an exception to the formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get a 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 04/01/2024. To get updated information about the drugs covered by Quartz Medicare Advantage and Dual Eligible, please contact us. Our contact information appears on the front and back cover pages. You may find the most up-to-date formulary by visiting our website at [QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage). If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the formulary?

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

1. Medical Condition

The formulary begins on page 1. 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 1. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that can be found at the end of this document. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per month for desloratadine. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking at the formulary that begins on page 1. 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, appear on the front and back cover pages.

You can ask us 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 formulary?" below 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 a Quartz Champion and ask if your drug is covered.

If you learn that we do not cover your drug, you have two options:

- You can ask a Quartz Champion for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 formulary?

You can ask us 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 predetermined 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, our plan 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

What if I experience a change in the level of care that I have been receiving, such as a transition from one facility or treatment center to another?

We will make every effort to expedite these transitions in collaboration with the pharmacy benefit manager. There will be automated claims processing logic to override refills too soon, non-formulary, prior authorization requirements, step therapy requirements, or non-safety related drug utilization review (DUR) reasons to facilitate a smooth transition between the level of care issues.

For more information

For more detailed information about your Quartz Medicare Advantage or Dual Eligible prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Quartz Medicare Advantage and Dual Eligible Formulary

The formulary starting on page 1 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that can be found at the end of this document.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS), and generic drugs are listed in lowercase italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if we have any special requirements for the coverage of your drug.

How much do I pay for Part D medications?*

The Initial coverage stage begins after you pay your deductible (if applicable). Find the table that applies to the plan you are in. You pay the amounts shown in the table until you reach the Initial Coverage Limit of **\$5,030** (this is the total drug cost paid by both you and your Quartz Medicare Advantage plan). After you reach the Initial Coverage Limit, you enter the Gap Stage of coverage and will pay 25% of the total drug cost until your true out-of-pocket cost (TrOOP) reaches \$8,000. After this, you enter the Catastrophic Stage of coverage which is when the plan pays the full cost for your covered Part D drugs and you pay nothing.

Aurora Health Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-Order 3-month
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$5	\$10	\$15	\$0
Tier 3: Preferred Brand	\$0	\$47	\$94	\$141	\$118
Tier 4: Non-Preferred Drug	\$0	\$100	\$200	\$300	\$300
Tier 5: Specialty	\$0	33% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-day, and \$105 for mail-order (3-month supply)

Gundersen Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-Order 3-month
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$5	\$10	\$15	\$12.50
Tier 2: Generic	\$0	\$15	\$30	\$45	\$38
Tier 3: Preferred Brand	Core D: \$300 Value D: \$250 Elite D: \$200	\$47	\$94	\$141	\$117.50
Tier 4: Non-Preferred Drug		\$100	\$200	\$300	\$300
Tier 5: Specialty		Core D: 28% Value D: 29% Elite D: 30%	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-day, and \$105 for mail-order (3-month supply)

UW Health Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-Order 3-month
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$5	\$10	\$15	\$12.50
Tier 2: Generic	\$0	\$15	\$30	\$45	\$38
Tier 3: Preferred Brand	Core D: \$300 Value D: \$250 Elite D: \$200	\$47	\$94	\$141	\$117.50
Tier 4: Non-Preferred Drug		\$100	\$200	\$300	\$300
Tier 5: Specialty		Core D: 28% Value D: 29% Elite D: 30%	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-day, and \$105 for mail-order (3-month supply)

UW Health Illinois Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-Order 3-month
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$10	\$20	\$30	\$25
Tier 2: Generic	\$0	\$20	\$40	\$60	\$50
Tier 3: Preferred Brand	Core D: \$300 Value D: \$250 Elite D: \$200	\$47	\$94	\$141	\$117.50
Tier 4: Non-Preferred Drug		\$100	\$200	\$300	\$300
Tier 5: Specialty		Core D: 28% Value D: 29% Elite D: 30%	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-day, and \$105 for mail-order (3-month supply)

Quartz Medicare Advantage (HMO) Dual Eligible plans	Retail			Mail-Order 3-Month
	30-Day	60-Day	90-Day	
Extra Help Copay if you have LIS Level 3				
Generic drugs	\$0	\$0	\$0	\$0
Brand/Other drugs	\$0	\$0	\$0	\$0
Vaccines	\$0	Not offered	Not offered	Not offered
Extra Help Copay if you have LIS Level 2				
Generic drugs	\$1.55	\$1.55	\$1.55	\$1.55
Brand/Other drugs	\$4.60	\$4.60	\$4.60	\$4.60
Vaccines	\$0	Not offered	Not offered	Not offered
Extra Help Copay if you have LIS Level 1				
Generic drugs	\$4.50	\$4.50	\$4.50	\$4.50
Brand/Other drugs	\$11.20	\$11.20	\$11.20	\$11.20
Vaccines	\$0	Not offered	Not offered	Not offered
Standard Part D Benefit – Does not receive Extra Help				
Generic and Brand/Other drugs	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance
Insulins	\$35	\$70	\$105	\$105
Vaccines	\$0	Not offered	Not offered	Not offered

Legend		
Tier	Label	Description
1	Preferred Generic	Generic drugs covered at the lowest cost-sharing level.
2	Generic	Generic drugs.
3	Preferred Brand	Brand drugs covered at the lowest cost-sharing level available to brand drugs.
4	Non-Preferred Drug	Brand and generic drugs covered at the highest cost-sharing level.
5	Specialty	High-cost and some injectable drugs.
6	Vaccines	Your copay is \$0 in all phases of coverage.
Symbol	Description	Explanation
NEDS	Non-Extended Days' Supply	This drug is limited to a 30-day supply per fill.
NM	No Mail Order	This drug is not available through mail order.
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA B/D	Prior Authorization Restriction for Part B vs. Part D Determination	This drug may be eligible for payment under Medicare Part B, or Part D. You (or your provider) may be required to get authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) do not work for you.
ST NSO	Step Therapy Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you must first try other drugs(s) to treat your medical condition before we provide coverage for this drug. This drug may only be covered if the other drug(s) do not work for you.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg</i>	2	QL (90 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	2	QL (120 EA per 30 days)
<i>celecoxib oral capsule 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium ER oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	PA; QL (300 ML per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac ER oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin ER oral capsule extended release 75 mg</i>	2	QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg</i>	2	QL (240 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	2	QL (120 EA per 30 days)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	4	QL (40 ML per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	4	QL (20 ML per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	QL (20 ML per 30 days)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 5 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5ml</i>	2	PA NSO
<i>naproxen oral tablet 250 mg, 500 mg</i>	1	
<i>naproxen oral tablet 375 mg</i>	2	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg</i>	4	
<i>naproxen sodium oral tablet 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-acting		
<i>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</i>	4	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>methadone HCl intensol oral concentrate 10 mg/ml</i>	2	QL (120 ML per 30 days)
<i>methadone HCl oral concentrate 10 mg/ml</i>	2	QL (120 EA per 30 days)
<i>methadone HCl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methadone HCl oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>methadone HCl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate ER beads oral capsule extended release 24 hour 120 mg</i>	4	QL (30 EA per 30 days)
<i>morphine sulfate ER beads oral capsule extended release 24 hour 30 mg, 45 mg</i>	4	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate ER beads oral capsule extended release 24 hour 60 mg, 75 mg, 90 mg</i>	4	QL (60 EA per 30 days)
<i>morphine sulfate ER oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg</i>	4	QL (120 EA per 30 days)
<i>morphine sulfate ER oral capsule extended release 24 hour 100 mg</i>	4	QL (30 EA per 30 days)
<i>morphine sulfate ER oral capsule extended release 24 hour 60 mg, 80 mg</i>	4	QL (60 EA per 30 days)
<i>morphine sulfate ER oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate ER oral tablet extended release 15 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate ER oral tablet extended release 30 mg</i>	2	QL (120 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	QL (60 EA per 30 days)
<i>oxycodone HCl ER oral tablet ER 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone HCl ER oral tablet ER 12 hour abuse-deterrent 80 mg</i>	2	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	3	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	3	QL (60 EA per 30 days)
<i>tramadol HCl (ER biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	QL (30 EA per 30 days)
<i>tramadol HCl ER oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	QL (30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (390 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	QL (10 ML per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 EA per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	4	QL (150 EA per 30 days)
<i>hydromorphone HCl injection solution 1 mg/ml, 2 mg/ml</i>	2	
<i>hydromorphone HCl oral liquid 1 mg/ml</i>	2	QL (1200 ML per 30 days)
<i>hydromorphone HCl oral tablet 2 mg</i>	2	QL (360 EA per 30 days)
<i>hydromorphone HCl oral tablet 4 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone HCl oral tablet 8 mg</i>	2	QL (120 EA per 30 days)
<i>hydromorphone HCl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml</i>	2	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	QL (540 ML per 30 days)
<i>morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	3	QL (240 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	3	QL (120 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	4	QL (181 EA per 30 days)
<i>oxycodone HCl oral capsule 5 mg</i>	4	QL (480 EA per 30 days)
<i>oxycodone HCl oral concentrate 100 mg/5ml</i>	4	QL (360 ML per 30 days)
<i>oxycodone HCl oral solution 5 mg/5ml</i>	2	QL (2400 ML per 30 days)
<i>oxycodone HCl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone HCl oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone HCl oral tablet 20 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone HCl oral tablet 30 mg</i>	2	QL (90 EA per 30 days)
<i>oxycodone HCl oral tablet 5 mg</i>	2	QL (480 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>pentazocine-naloxone HCl oral tablet 50-0.5 mg</i>	2	
<i>tramadol HCl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	4	PA
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine HCl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	2	
<i>lidocaine HCl external solution 4 %</i>	4	
<i>lidocaine HCl injection solution 0.5 %, 1 %, 2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine HCl urethral/mucosal external gel 2 %</i>	2	
<i>lidocaine HCl urethral/mucosal external prefilled syringe 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)
<i>lidocan external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
LIDOCAN III EXTERNAL PATCH 5 %	2	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naltrexone HCl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NM; QL (1 EA per 28 days); NEDS
Opioid Dependence		
<i>buprenorphine HCl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine HCl-naloxone HCl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	
<i>buprenorphine HCl-naloxone HCl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone HCl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone HCl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone HCl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone HCl nasal liquid 4 mg/0.1ml</i>	1	QL (4 EA per 1 day)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	
Smoking Cessation Agents		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion HCl ER (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER 10 MG	4	QL (336 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	QL (60 EA per 30 days)
Antibacterials		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; NM; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	QL (90 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	QL (90 GM per 30 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	4	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	4	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin HCl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate HCl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	NM; NEDS
<i>daptomycin-NaCl intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	
IMPAVIDO ORAL CAPSULE 50 MG	5	NM; QL (84 EA per 28 days); NEDS
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	
NUVESSA VAGINAL GEL 1.3 %	4	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA; NM; QL (6 EA per 30 days); NEDS
SIVEXTRO ORAL TABLET 200 MG	5	PA; NM; QL (6 EA per 30 days); NEDS
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5	NM; NEDS
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin HCl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin HCl oral capsule 125 mg</i>	2	
<i>vancomycin HCl oral capsule 250 mg</i>	4	
<i>vancomycin HCl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	2	
VANDAZOLE VAGINAL GEL 0.75 %	3	
XENLETA ORAL TABLET 600 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	5	NM; NEDS
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime HCl injection solution reconstituted 1 gm</i>	4	
<i>cefepime HCl intravenous solution 1 gm/50ml</i>	4	
<i>cefepime HCl intravenous solution reconstituted 2 gm</i>	4	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml)</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	4	
<i>cefotaxime sodium injection solution reconstituted 2 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	4	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	2	

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Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NM; NEDS
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate ER oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin ER oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; NM; QL (136 ML per 10 days); NEDS
DIFICID ORAL TABLET 200 MG	5	PA; NM; QL (20 EA per 10 days); NEDS
<i>ery-tab oral tablet delayed release 250 mg, 500 mg</i>	4	
<i>erythrocin lactobionate intravenous solution reconstituted 500 mg</i>	4	
<i>erythrocin stearate oral tablet 250 mg</i>	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; QL (28 EA per 14 days); NEDS
<i>ciprofloxacin HCl oral tablet 100 mg</i>	4	
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin HCl in NaCl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin HCl oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline HCl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
<i>minocycline HCl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NM; NEDS
NUZYRA ORAL TABLET 150 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
<i>tetracycline HCl oral capsule 250 mg, 500 mg</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST NSO; NM; QL (600 ML per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	ST NSO; NM; QL (60 EA per 30 days); NEDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NEDS
EPRONTIA ORAL SOLUTION 25 MG/ML	4	QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; QL (360 ML per 30 days); NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST NSO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; NM; QL (30 EA per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	4	ST NSO; QL (30 EA per 30 days)
<i>lamotrigine ER oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam ER oral tablet extended release 24 hour 500 mg</i>	2	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam ER oral tablet extended release 24 hour 750 mg</i>	2	QL (120 EA per 30 days)
<i>levetiracetam intravenous solution 500 mg/5ml</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	3	PA NSO; QL (10 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
<i>topiramate ER oral capsule ER 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST NSO; QL (60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST NSO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST NSO; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST NSO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	ST NSO; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; QL (360 EA per 30 days); NEDS
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; NM; QL (360 EA per 30 days); NEDS
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	2	
<i>divalproex sodium ER oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
SYMPAZAN ORAL FILM 20 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (120 EA per 30 days)
<i>tiagabine HCl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	3	PA NSO; QL (10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	3	PA NSO; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	3	PA NSO; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	3	PA NSO; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	NM; QL (180 EA per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	5	NM; QL (180 EA per 30 days); NEDS
<i>vigadrone oral packet 500 mg</i>	5	NM; QL (180 EA per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	5	NM; QL (180 EA per 30 days); NEDS
VIGPODER ORAL PACKET 500 MG	5	NM; QL (180 EA per 30 days); NEDS
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG	5	ST NSO; NM; QL (60 EA per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	5	ST NSO; NM; QL (30 EA per 30 days); NEDS
<i>carbamazepine ER oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine ER oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	3	
EPITOL ORAL TABLET 200 MG	2	
<i>fosphephenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	ST NSO; QL (1200 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	ST NSO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	4	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NM; QL (2400 ML per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	4	QL (240 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	NM; QL (240 EA per 30 days); NEDS
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	PA NSO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	4	
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	4	QL (4 EA per 28 days)
<i>donepezil HCl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil HCl oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil HCl oral tablet dispersible 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine HBr ER oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine HBr oral solution 4 mg/ml</i>	4	QL (180 ML per 30 days)
<i>galantamine HBr oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine HCl ER oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	ST; QL (30 EA per 30 days)
<i>memantine HCl oral solution 2 mg/ml</i>	1	
<i>memantine HCl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST NSO; QL (60 EA per 30 days)
<i>bupropion HCl ER (SR) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion HCl ER (SR) oral tablet extended release 12 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion HCl ER (SR) oral tablet extended release 12 hour 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion HCl ER (XL) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion HCl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion HCl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NM; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NM; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NM; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram HBr oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram HBr oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate ER oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine succinate ER oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine HCl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST NSO; QL (28 EA per 28 days)
<i>fluoxetine HCl (PMDD) oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine HCl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine HCl oral solution 20 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>fluoxetine HCl oral tablet 10 mg, 20 mg</i>	2	
<i>fluvoxamine maleate ER oral capsule extended release 24 hour 100 mg, 150 mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>nefazodone HCl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine HCl ER oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	4	
<i>paroxetine HCl oral suspension 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>sertraline HCl oral concentrate 20 mg/ml</i>	2	QL (300 ML per 30 days)
<i>sertraline HCl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone HCl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone HCl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST NSO; QL (30 EA per 30 days)
<i>venlafaxine besylate ER oral tablet extended release 24 hour 112.5 mg</i>	4	ST NSO; QL (60 EA per 30 days)
<i>venlafaxine HCl ER oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine HCl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone HCl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline HCl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>clomipramine HCl oral capsule 25 mg, 50 mg, 75 mg</i>	4	ST NSO
<i>desipramine HCl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin HCl oral capsule 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
DOXEPIN HCl ORAL CAPSULE 100 MG	2	
<i>doxepin HCl oral concentrate 10 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>nortriptyline HCl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline HCl oral solution 10 mg/5ml</i>	4	
<i>protriptyline HCl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antiemetics		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	2	
<i>meclizine HCl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine HCl oral syrup 6.25 mg/5ml</i>	2	
<i>promethazine HCl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine HCl rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	QL (10 EA per 30 days)
<i>trimethobenzamide HCl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	2	PA B/D; QL (1 EA per 1 day)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA B/D; QL (6 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	PA B/D; QL (4 EA per 28 days)
<i>dronabinol oral capsule 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	PA; QL (180 EA per 30 days)
<i>granisetron HCl oral tablet 1 mg</i>	2	PA B/D; QL (60 EA per 30 days)
<i>ondansetron HCl oral solution 4 mg/5ml</i>	4	PA B/D
<i>ondansetron HCl oral tablet 4 mg, 8 mg</i>	2	PA B/D

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	PA B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	PA B/D; NM; NEDS
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	NM; NEDS
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NM; NEDS
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in NaCl intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NM; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>itraconazole oral capsule 100 mg</i>	2	PA; QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
<i>ketoconazole external cream 2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketconazole external shampoo 2 %</i>	2	
<i>ketconazole oral tablet 200 mg</i>	2	
<i>klayesta external powder 100000 unit/gm</i>	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	4	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	5	NM; NEDS
<i>miconazole 3 vaginal suppository 200 mg</i>	2	
<i>naftifine HCl external cream 1 %</i>	4	
NOXAFIL ORAL PACKET 300 MG	5	PA; NM; NEDS
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
<i>nystatin external cream 100000 unit/gm</i>	2	QL (90 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	QL (90 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
<i>oxiconazole nitrate external cream 1 %</i>	4	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	5	PA; NM; NEDS
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; NM; QL (840 ML per 28 days); NEDS
<i>posaconazole oral tablet delayed release 100 mg</i>	2	PA
<i>terbinafine HCl oral tablet 250 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	4	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	NM; NEDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	2	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA; QL (120 EA per 30 days)

Antigout Agents

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Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; QL (30 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	5	NM; QL (20 EA per 28 days); NEDS
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	4	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	4	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	4	PA; QL (1.5 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	4	PA; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	4	PA; QL (30 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		

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Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	QL (18 EA per 30 days)
<i>eletriptan HBr oral tablet 20 mg, 40 mg</i>	4	QL (12 EA per 30 days)
<i>naratriptan HCl oral tablet 1 mg, 2.5 mg</i>	2	QL (18 EA per 28 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide ER oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>pretomanid oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol HCl oral tablet 100 mg, 400 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NM; NEDS
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml</i>	4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	PA B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA NSO
GLEOSTINE ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS
LEUKERAN ORAL TABLET 2 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	NM; NEDS
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO; NM; NEDS
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	5	PA NSO; NM; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>	5	NM; NEDS
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	5	NM; NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	NM; NEDS
Antimetabolites		
<i>clofarabine intravenous solution 1 mg/ml</i>	5	NM; NEDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	2	PA B/D
<i>hydroxyurea oral capsule 500 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	2	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NM; NEDS
TABLOID ORAL TABLET 40 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5	NM; NEDS
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	5	NM; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NM; NEDS
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	5	PA NSO; NM; NEDS
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	5	PA NSO; NM; NEDS
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	NM; NEDS
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML	5	PA NSO; NM; NEDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	5	PA NSO; NM; NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; QL (21 EA per 28 days); NEDS
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NEDS
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	5	NM; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; QL (49 EA per 28 days); NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; QL (70 EA per 28 days); NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; QL (91 EA per 28 days); NEDS
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
<i>leucovorin calcium injection solution 100 mg/10ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; QL (100 EA per 28 days); NEDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; QL (80 EA per 28 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	5	PA NSO; NM; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; QL (140 EA per 28 days); NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; QL (140 EA per 28 days); NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; QL (140 EA per 28 days); NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; QL (3 EA per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; QL (14 EA per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	5	PA NSO; NM; NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	5	PA NSO; NM; NEDS
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	NM; NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	NM; NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	NM; NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	NM; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; QL (360 EA per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NM; QL (8 EA per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; QL (4 EA per 28 days); NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; QL (8 EA per 28 days); NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; NM; QL (4 EA per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NM; QL (24 EA per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; QL (8 EA per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NM; QL (32 EA per 28 days); NEDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane oral tablet 25 mg</i>	2	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	
Enzyme Inhibitors		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	4	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA NSO; NM; NEDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NM; QL (56 EA per 28 days); NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NM; QL (112 EA per 28 days); NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NM; QL (84 EA per 28 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>erlotinib HCl oral tablet 100 mg</i>	4	PA NSO; QL (30 EA per 30 days)
<i>erlotinib HCl oral tablet 150 mg</i>	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>erlotinib HCl oral tablet 25 mg</i>	4	PA NSO; QL (120 EA per 30 days)
<i>everolimus oral tablet 10 mg</i>	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
<i>everolimus oral tablet 2.5 mg</i>	4	PA NSO; QL (30 EA per 30 days)
<i>everolimus oral tablet 5 mg, 7.5 mg</i>	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	PA NSO; NM; NEDS
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; NM; QL (60 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; QL (21 EA per 28 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; QL (240 ML per 30 days); NEDS
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; QL (5 EA per 28 days); NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; QL (63 EA per 21 days); NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; QL (63 EA per 21 days); NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; QL (63 EA per 21 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; QL (300 EA per 30 days); NEDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA NSO; NM; QL (150 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NM; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NM; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NM; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NM; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NM; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NM; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NM; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NM; NEDS
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NM; QL (1260 ML per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>pazopanib HCl oral tablet 200 mg</i>	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; QL (28 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NM; QL (56 EA per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NM; QL (56 EA per 28 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NM; QL (84 EA per 28 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 80 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; QL (84 EA per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; NM; QL (900 EA per 30 days); NEDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
TASIGNA ORAL CAPSULE 150 MG	5	PA NSO; NM; QL (150 EA per 30 days); NEDS
TASIGNA ORAL CAPSULE 200 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; QL (64 EA per 28 days); NEDS
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PA NSO; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NM; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; QL (300 ML per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; QL (120 EA per 30 days); NEDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; QL (90 EA per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; QL (150 EA per 30 days); NEDS
Monoclonal Antibody/Antibody-Drug Conjugate		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NM; NEDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA NSO; NM; NEDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	5	PA NSO; NM; NEDS
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NM; NEDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NM; NEDS
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NM; NEDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NM; NEDS
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NM; NEDS
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA NSO; NM; QL (60 GM per 28 days); NEDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NM; NEDS
PANRETIN EXTERNAL GEL 0.1 %	5	NM; NEDS
<i>tretinoin oral capsule 10 mg</i>	5	NM; NEDS
Treatment Adjuncts		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	5	NM; NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	4	
MESNEX ORAL TABLET 400 MG	5	NM; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	
EMVERM ORAL TABLET CHEWABLE 100 MG	3	
<i>ivermectin oral tablet 3 mg</i>	2	QL (8 EA per 28 days)
<i>praziquantel oral tablet 600 mg</i>	2	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil HCl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
KRINTAFEL ORAL TABLET 150 MG	4	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine HCl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	PA B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	NM; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl HCl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl HCl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	QL (270 EA per 30 days)
<i>tolcapone oral tablet 100 mg</i>	5	NM; NEDS
Dopamine Agonists		
<i>apomorphine HCl subcutaneous solution cartridge 30 mg/3ml</i>	5	NM; QL (90 ML per 30 days); NEDS
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride ER oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole HCl ER oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>ropinirole HCl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa ER oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NM; QL (300 EA per 30 days); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	4	QL (30 EA per 30 days)
<i>rasagiline mesylate oral tablet 1 mg</i>	2	QL (30 EA per 30 days)
<i>selegiline HCl oral capsule 5 mg</i>	2	
<i>selegiline HCl oral tablet 5 mg</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	5	NM; NEDS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine HCl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine HCl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine HCl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine HCl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine HCl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone HCl oral tablet 10 mg</i>	4	QL (240 EA per 30 days)
<i>molindone HCl oral tablet 25 mg</i>	4	QL (270 EA per 30 days)
<i>molindone HCl oral tablet 5 mg</i>	4	QL (120 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine HCl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine HCl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NM; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NM; NEDS
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	ST NSO; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NM; NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NM; QL (3.9 ML per 56 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NM; QL (1.6 ML per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NM; QL (2.4 ML per 28 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NM; QL (3.2 ML per 28 days); NEDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	ST NSO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	ST NSO; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	5	ST NSO; NM; QL (60 EA per 30 days); NEDS
FANAPT ORAL TABLET 4 MG	4	ST NSO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST NSO; QL (8 EA per 8 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NM; QL (3.5 ML per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NM; QL (5 ML per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NM; QL (0.75 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NM; QL (1 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NM; QL (1.5 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NM; QL (0.5 ML per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NM; QL (0.88 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NM; QL (1.32 ML per 84 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NM; QL (1.75 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NM; QL (2.63 ML per 84 days); NEDS
<i>lurasidone HCl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone HCl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone ER oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone ER oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NM; QL (1 EA per 30 days); NEDS
<i>quetiapine fumarate ER oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate ER oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 150 mg</i>	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NM; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres ER intramuscular suspension reconstituted ER 12.5 mg, 25 mg</i>	4	QL (4 EA per 28 days)
<i>risperidone microspheres ER intramuscular suspension reconstituted ER 37.5 mg, 50 mg</i>	5	NM; QL (4 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST NSO; NM; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST NSO; NM; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST NSO; QL (7 EA per 7 days)
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	4	
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NM; QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	4	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	2	
<i>tizanidine HCl oral tablet 2 mg, 4 mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	2	PA B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	2	PA B/D
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>valganciclovir HCl oral solution reconstituted 50 mg/ml</i>	2	
<i>valganciclovir HCl oral tablet 450 mg</i>	2	QL (120 EA per 30 days)
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NM; QL (140 EA per 28 days); NEDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NM; QL (30 EA per 30 days); NEDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	PA B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>valacyclovir HCl oral tablet 1 gm, 500 mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

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Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; QL (30 EA per 30 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	NM; QL (2 ML per 28 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	NM; QL (3 ML per 28 days); NEDS
DOVATO ORAL TABLET 50-300 MG	5	NM; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NM; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; QL (30 EA per 30 days); NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	5	NM; QL (30 EA per 30 days); NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; QL (30 EA per 30 days); NEDS
EDURANT ORAL TABLET 25 MG	5	NM; QL (60 EA per 30 days); NEDS
<i>efavirenz oral capsule 200 mg</i>	2	QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NM; QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet 100 mg</i>	4	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	NM; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	4	QL (480 EA per 30 days)
<i>nevirapine ER oral tablet extended release 24 hour 100 mg, 400 mg</i>	2	
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
PIFELTRO ORAL TABLET 100 MG	5	NM; NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	NM; QL (30 EA per 30 days); NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; QL (30 EA per 30 days); NEDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NM; QL (300 EA per 30 days); NEDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; QL (60 EA per 30 days); NEDS
VIREAD ORAL POWDER 40 MG/GM	5	NM; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NM; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 150 mg</i>	5	NM; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	5	NM; QL (120 EA per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NM; QL (60 EA per 30 days); NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NEDS
SELZENTRY ORAL TABLET 25 MG	4	QL (360 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NM; QL (120 EA per 30 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NM; QL (5 EA per 30 days); NEDS
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	NM; NEDS
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	NM; NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	NM; QL (60 EA per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	5	NM; QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; QL (30 EA per 30 days); NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NM; QL (120 EA per 30 days); NEDS
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG	5	NM; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NEDS
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NM; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet 100 mg</i>	2	QL (360 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; QL (30 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 250 MG	5	NM; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	5	NM; QL (120 EA per 30 days); NEDS
Anti-influenza Agents		
<i>amantadine HCl oral capsule 100 mg</i>	2	
<i>amantadine HCl oral solution 50 mg/5ml</i>	2	
<i>amantadine HCl oral tablet 100 mg</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	
<i>rimantadine HCl oral tablet 100 mg</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (4 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 180 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone HCl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
Benzodiazepines		
<i>alprazolam ER oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	4	
<i>chlordiazepoxide HCl oral capsule 10 mg</i>	2	QL (240 EA per 30 days)
<i>chlordiazepoxide HCl oral capsule 25 mg</i>	2	QL (360 EA per 30 days)
<i>chlordiazepoxide HCl oral capsule 5 mg</i>	2	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>midazolam HCl oral syrup 2 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate ER oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	PA; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	PA; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide ER oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin HCl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin HCl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
<i>metformin HCl ER oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin HCl oral solution 500 mg/5ml</i>	1	QL (750 ML per 30 days)
<i>metformin HCl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	4	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
<i>pioglitazone HCl oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>pioglitazone HCl oral tablet 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (240 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG	4	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	4	ST; QL (120 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	ST; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	NM; QL (10.8 ML per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	NM; QL (6 ML per 30 days); NEDS
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	QL (2 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	4	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	QL (2 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	QL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	3	QL (0.2 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL (0.4 ML per 30 days)
Insulins		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	3	PA; QL (30 ML per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	3	PA; QL (24 ML per 30 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	3	PA; QL (30 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	3	QL (50 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	3	QL (45 ML per 30 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	QL (90 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (24 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
ZONTIVITY ORAL TABLET 2.08 MG	4	PA; QL (30 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide HCl oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA; NM; NEDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; NM; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	NM; NEDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; QL (7 EA per 7 days); NEDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM; NEDS
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NM; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	NM; NEDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	NM; NEDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	NM; NEDS
OXBRYTA ORAL TABLET 300 MG, 500 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
OXBRYTA ORAL TABLET SOLUBLE 300 MG	5	PA; NM; QL (150 EA per 30 days); NEDS
PROMACTA ORAL PACKET 12.5 MG	5	PA; NM; QL (360 EA per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NM; QL (56 EA per 28 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NM; QL (56 EA per 28 days); NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Hemostasis Agents		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	2	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	2	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole ER oral capsule extended release 12 hour 25-200 mg</i>	4	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
CABLIVI INJECTION KIT 11 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>prasugrel HCl oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	5	PA; NM; QL (90 EA per 30 days); NEDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; NM; QL (180 EA per 30 days); NEDS
<i>guanfacine HCl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine HCl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine HCl oral capsule 10 mg</i>	5	NM; NEDS
<i>prazosin HCl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin HCl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg</i>	2	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet 8 mg</i>	2	QL (90 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral solution 4 mg/ml</i>	4	PA NSO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril HCl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous injectable 1.25 mg/ml</i>	4	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril HCl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	4	
<i>quinapril HCl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone HCl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>digitek oral tablet 125 mcg, 250 mcg</i>	2	QL (30 EA per 30 days)
<i>digox oral tablet 125 mcg, 250 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (30 EA per 30 days)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine HCl (cardiac) pf intravenous solution 100 mg/5ml</i>	2	
<i>mexiletine HCl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	QL (60 EA per 30 days)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	3	
PACERONE ORAL TABLET 100 MG, 400 MG	2	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone HCl ER oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone HCl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate ER oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol HCl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol HCl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol HCl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol HCl oral tablet 10 mg, 20 mg</i>	4	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate ER oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	QL (30 EA per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	4	QL (30 EA per 30 days)
<i>labetalol HCl intravenous solution 5 mg/ml</i>	2	
<i>labetalol HCl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate ER oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	4	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol HCl oral tablet 10 mg</i>	4	QL (120 EA per 30 days)
<i>nebivolol HCl oral tablet 2.5 mg</i>	4	QL (30 EA per 30 days)
<i>nebivolol HCl oral tablet 20 mg</i>	4	QL (60 EA per 30 days)
<i>nebivolol HCl oral tablet 5 mg</i>	4	QL (90 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol HCl ER oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol HCl intravenous solution 1 mg/ml</i>	2	
<i>propranolol HCl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol HCl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine ER oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	3	PA NSO; QL (300 ML per 30 days)
<i>nicardipine HCl oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine ER oral tablet extended release 24 hour 30 mg</i>	2	QL (120 EA per 30 days)
<i>nifedipine ER oral tablet extended release 24 hour 60 mg</i>	2	QL (60 EA per 30 days)
<i>nifedipine ER oral tablet extended release 24 hour 90 mg</i>	2	QL (30 EA per 30 days)
<i>nifedipine ER osmotic release oral tablet extended release 24 hour 30 mg</i>	2	QL (120 EA per 30 days)
<i>nifedipine ER osmotic release oral tablet extended release 24 hour 60 mg</i>	2	QL (60 EA per 30 days)
<i>nifedipine ER osmotic release oral tablet extended release 24 hour 90 mg</i>	2	QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine ER oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>	4	QL (30 EA per 30 days)
<i>nisoldipine ER oral tablet extended release 24 hour 20 mg</i>	4	QL (90 EA per 30 days)
<i>nisoldipine ER oral tablet extended release 24 hour 30 mg</i>	4	QL (60 EA per 30 days)
NORLIQVA ORAL SOLUTION 1 MG/ML	3	PA NSO; QL (300 ML per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia XT oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem HCl ER beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	QL (60 EA per 30 days)
<i>diltiazem HCl ER coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem HCl ER oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem HCl ER oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem HCl ER oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>diltiazem HCl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	2	
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-XR oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia XT oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL (60 EA per 30 days)
<i>tiadylt ER oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	1	QL (60 EA per 30 days)
<i>tiadylt ER oral capsule extended release 24 hour 360 mg</i>	1	
<i>verapamil HCl ER oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil HCl ER oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil HCl intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil HCl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besy-benazepril HCl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	QL (30 EA per 30 days)
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG	4	PA NSO; QL (60 EA per 30 days)
ASPRUZYO SPRINKLE ORAL PACKET 500 MG	4	PA NSO; QL (90 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	2	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (600 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	2	
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	4	
<i>metyrosine oral capsule 250 mg</i>	5	NM; NEDS
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	4	PA B/D
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	4	PA B/D
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>pentoxifylline ER oral tablet extended release 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine ER oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	QL (60 EA per 30 days)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	4	QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
<i>amiloride HCl oral tablet 5 mg</i>	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	4	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
Diuretics, Thiazide		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5ML	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	1	QL (90 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg</i>	1	QL (90 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	1	QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	4	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	4	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>fluvastatin sodium ER oral tablet extended release 24 hour 80 mg</i>	4	ST; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg</i>	4	ST; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>	4	ST; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam HCl oral packet 3.75 gm</i>	2	
<i>colesevelam HCl oral tablet 625 mg</i>	2	
<i>colestipol HCl oral packet 5 gm</i>	2	
<i>colestipol HCl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	4	PA; QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	4	PA; QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	2	
<i>niacin ER (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>niacin ER (antihyperlipidemic) oral tablet extended release 500 mg</i>	2	QL (120 EA per 30 days)
<i>niacor oral tablet 500 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
<i>prevalite oral packet 4 gm</i>	2	
<i>prevalite oral powder 4 gm/dose</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate ER oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine HCl injection solution 20 mg/ml</i>	4	
<i>hydralazine HCl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine ER oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 10 mg</i>	4	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 5 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	QL (180 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	4	QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine HCl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine HCl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine HCl ER oral tablet extended release 12 hour 0.1 mg</i>	4	QL (120 EA per 30 days)
<i>dexmethylphenidate HCl ER oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate HCl ER oral capsule extended release 24 hour 20 mg</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate HCl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>guanfacine HCl ER oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate HCl ER (CD) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl ER (CD) oral capsule extended release 20 mg</i>	4	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate HCl ER (CD) oral capsule extended release 30 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate HCl ER (LA) oral capsule extended release 24 hour 10 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl ER (LA) oral capsule extended release 24 hour 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate HCl ER (LA) oral capsule extended release 24 hour 30 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate HCl ER (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl ER oral tablet extended release 10 mg, 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate HCl ER oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl oral solution 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>methylphenidate HCl oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate HCl oral tablet 10 mg, 20 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate HCl oral tablet 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	4	
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NM; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; NM; QL (210 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NM; QL (42 EA per 28 days); NEDS
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	2	
FIRDAPSE ORAL TABLET 10 MG	5	PA; NM; QL (240 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 40 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA; NM; QL (50 ML per 28 days); NEDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA; NM; NEDS
RELYVRIO ORAL PACKET 3-1 GM	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>riluzole oral tablet 50 mg</i>	2	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	4	PA
<i>tencon oral tablet 50-325 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; QL (1080 ML per 30 days); NEDS
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST NSO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	ST NSO; QL (55 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NM; QL (1 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NM; QL (1 EA per 28 days); NEDS
<i>dalfampridine ER oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	2	PA; QL (60 EA per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; QL (15 EA per 30 days); NEDS
<i>fingolimod HCl oral capsule 0.5 mg</i>	2	PA; QL (28 EA per 28 days)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NM; QL (28 EA per 28 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; NM; QL (30 ML per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; NM; QL (12 ML per 28 days); NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; NM; QL (30 ML per 30 days); NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; NM; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NM; QL (1.2 ML per 28 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (20 EA per 310 days); NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (8 EA per 310 days); NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (10 EA per 310 days); NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (12 EA per 310 days); NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (14 EA per 310 days); NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (16 EA per 310 days); NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NM; QL (18 EA per 310 days); NEDS
<i>mitoxantrone HCl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NM; QL (1 ML per 28 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	PA; NM; QL (1 ML per 28 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; NM; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; NM; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NM; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; NM; QL (6 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; NM; QL (4.2 ML per 28 days); NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; NM; QL (6 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; NM; QL (4.2 ML per 28 days); NEDS
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; NM; QL (30 EA per 30 days); NEDS
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	5	PA; NM; NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; NM; QL (30 EA per 30 days); NEDS
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG, 0.23MG & 0.46MG 0.92MG(21)	5	PA; NM; QL (30 EA per 30 days); NEDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline HCl oral capsule 30 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>kourzeq mouth/throat paste 0.1 %</i>	2	
<i>lidocaine HCl mouth/throat solution 4 %</i>	2	
<i>lidocaine viscous HCl mouth/throat solution 2 %</i>	2	
<i>oralone mouth/throat paste 0.1 %</i>	2	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	2	
<i>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	3	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	2	
<i>sodium fluoride dental cream 1.1 %</i>	2	
<i>sodium fluoride dental gel 1.1 %</i>	2	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>adapalene external cream 0.1 %</i>	4	
<i>adapalene external gel 0.3 %</i>	4	
AKLIEF EXTERNAL CREAM 0.005 %	4	PA
ALTRENO EXTERNAL LOTION 0.05 %	3	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
AVITA EXTERNAL CREAM 0.025 %	2	PA
<i>avita external gel 0.025 %</i>	2	PA
<i>azelaic acid external gel 15 %</i>	2	PA
AZELEX EXTERNAL CREAM 20 %	4	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>brimonidine tartrate external gel 0.33 %</i>	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	4	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
NEUAC EXTERNAL GEL 1.2-5 %	3	
RHOFADE EXTERNAL CREAM 1 %	4	
ROSADAN EXTERNAL CREAM 0.75 %	2	
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	2	PA
<i>tazorac external cream 0.05 %</i>	3	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Dermatitis and Pruitus Agents		
ALA-CORT EXTERNAL CREAM 1 %	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>amcinonide external lotion 0.1 %</i>	2	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate external foam 0.12 %</i>	4	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
BRYHALI EXTERNAL LOTION 0.01 %	4	PA
CAPEX EXTERNAL SHAMPOO 0.01 %	4	
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	2	
<i>clobetasol propionate external liquid 0.05 %</i>	4	
<i>clobetasol propionate external lotion 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	2	
<i>desonide external cream 0.05 %</i>	4	
<i>desonide external gel 0.05 %</i>	4	
<i>desonide external lotion 0.05 %</i>	4	
<i>desonide external ointment 0.05 %</i>	4	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external liquid 0.25 %</i>	4	PA
<i>desoximetasone external ointment 0.25 %</i>	2	
DESRX EXTERNAL GEL 0.05 %	4	
EUCRISA EXTERNAL OINTMENT 2 %	4	ST
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external lotion 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external foam 0.05 %</i>	4	PA
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
LEXETTE EXTERNAL FOAM 0.05 %	4	PA
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
OPZELURA EXTERNAL CREAM 1.5 %	5	PA; NM; NEDS
<i>pimecrolimus external cream 1 %</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025 %</i> , 0.1 %	2	
<i>triamcinolone acetonide external ointment 0.025 %</i> , 0.1 %, 0.5 %	2	
<i>triderm external cream 0.1 %</i> , 0.5 %	2	
VERDESO EXTERNAL FOAM 0.05 %	4	PA
Dermatological Agents, Other		
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 %	5	PA; NM; QL (200 GM per 28 days); NEDS
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %</i> , 5 %	2	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	4	
<i>imiquimod external cream 5 %</i>	2	
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NM; NEDS
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	QL (90 GM per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	QL (90 GM per 30 days)
OTEZLA ORAL TABLET 30 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>podofilox external solution 0.5 %</i>	2	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	3	
QBREXZA EXTERNAL PAD 2.4 %	4	PA
REGRANEX EXTERNAL GEL 0.01 %	5	NM; QL (30 GM per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>SSD external cream 1 %</i>	2	
VEREGEN EXTERNAL OINTMENT 15 %	5	NM; NEDS
ZORYVE EXTERNAL CREAM 0.3 %	4	PA
Pediculicides/Scabicides		
<i>ivermectin external cream 1 %</i>	4	
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	2	
SPINOSAD EXTERNAL SUSPENSION 0.9 %	4	
Topical Anti-infectives		
<i>acyclovir external ointment 5 %</i>	4	
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	QL (120 ML per 30 days)
CLINDESSE VAGINAL CREAM 2 %	3	
<i>dapsone external gel 5 %, 7.5 %</i>	4	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
<i>mafenide acetate external packet 5 %</i>	4	
<i>mupirocin calcium external cream 2 %</i>	3	
<i>mupirocin external ointment 2 %</i>	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	PA B/D
<i>calcium chloride intravenous solution 10 %</i>	2	
<i>carglumic acid oral tablet soluble 200 mg</i>	5	NM; NEDS
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	4	PA B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	PA B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	PA B/D
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	PA B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	PA B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	PA B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	PA B/D
<i>dextrose intravenous solution 10 %, 250 mg/ml, 50 %, 70 %</i>	2	PA B/D
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose- NaCl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose-NaCl intravenous solution 5-0.225 %</i> , 5-0.3 %	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	2	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	2	
KABIVEN INTRAVENOUS EMULSION 3.3-9.8-3.9-0.7 %	4	PA B/D
<i>KCl in dextrose- NaCl intravenous solution 10-5-0.45 meq/l-%-%</i> , 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	2	
<i>KCl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	2	
<i>magnesium sulfate injection solution 50 %</i> , 50 % (10ml syringe)	2	
<i>magnesium sulfate intravenous solution 2 gm/50ml</i> , 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	2	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	2	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %	4	PA B/D
PLASMA-LYTE A INTRAVENOUS SOLUTION	2	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	PA B/D

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride crys ER oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride ER oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride ER oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in NaCl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate ER oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	PA B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	PA B/D
<i>sodium chloride (pf) injection solution 0.9 %</i>	2	
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	PA B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	PA B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	PA B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	
<i>deferasirox oral tablet soluble 125 mg</i>	4	
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	NM; NEDS
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	NM; NEDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NM; NEDS
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	5	NM; NEDS
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NM; QL (120 EA per 30 days); NEDS
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>penicillamine oral capsule 250 mg</i>	5	NM; NEDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>trientine HCl oral capsule 250 mg</i>	5	NM; NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	4	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	4	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	2	PA NSO
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer HCl oral tablet 400 mg</i>	4	
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>SPS oral suspension 15 gm/60ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	QL (30 EA per 30 days)
Vitamins		
<i>m-natal plus oral tablet 27-1 mg</i>	2	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>se-natal 19 oral tablet 29-1 mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
KRISTALOSE ORAL PACKET 20 GM	4	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral packet 10 gm</i>	4	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron HCl oral tablet 0.5 mg, 1 mg</i>	4	PA; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide HCl oral capsule 2 mg</i>	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
XERMELO ORAL TABLET 250 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	
<i>dicyclomine HCl oral capsule 10 mg</i>	1	
<i>dicyclomine HCl oral solution 10 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine HCl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	4	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA; NM; NEDS
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NM; NEDS
CHENODAL ORAL TABLET 250 MG	5	NM; NEDS
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NM; NEDS
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
<i>metoclopramide HCl injection solution 5 mg/ml</i>	2	
<i>metoclopramide HCl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	PA; NM; NEDS
<i>Na sulfate-K sulfate-Mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	3	QL (30 GM per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>peg 3350-KCl-Na bicarb- NaCl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	2	QL (1 EA per 7 days)
RECTIV RECTAL OINTMENT 0.4 %	3	QL (30 GM per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VOWST ORAL CAPSULE	5	PA; NM; QL (12 EA per 3 days); NEDS
XIFAXAN ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	NM; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine HCl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	2	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	4	PA NSO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	4	PA NSO; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	4	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5	NM; NEDS
<i>betaine oral powder</i>	5	NM; NEDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	NM; NEDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	NM; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
<i>dichlorphenamide oral tablet 50 mg</i>	5	PA; NM; QL (120 EA per 30 days); NEDS
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	5	NM; NEDS
ENDARI ORAL PACKET 5 GM	5	NM; QL (180 EA per 30 days); NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NM; NEDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5	PA; NM; NEDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; QL (15 EA per 30 days); NEDS
JAVYGTOR ORAL PACKET 100 MG, 500 MG	5	PA; NM; NEDS
JAVYGTOR ORAL TABLET 100 MG	5	PA; NM; NEDS
<i>miglustat oral capsule 100 mg</i>	5	PA; NM; QL (90 EA per 30 days); NEDS
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5	PA; NM; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	5	PA; NM; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	NM; NEDS
RAVICTI ORAL LIQUID 1.1 GM/ML	5	NM; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; NM; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NM; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NM; NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	NM; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NM; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5	PA; NM; NEDS
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	NM; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NM; QL (6 ML per 30 days); NEDS
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NM; QL (120 EA per 30 days); NEDS
XURIDEN ORAL PACKET 2 GM	5	PA; NM; QL (120 EA per 30 days); NEDS
YARGESA ORAL CAPSULE 100 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NM; NEDS

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin HBr ER oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>fesoterodine fumarate ER oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>flavoxate HCl oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride ER oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate ER oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>tropium chloride ER oral capsule extended release 24 hour 60 mg</i>	2	QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin HCl ER oral tablet extended release 24 hour 10 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (60 EA per 30 days)
<i>tamsulosin HCl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i>	5	NM; NEDS
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	5	NM; NEDS
<i>tiopronin oral tablet 100 mg</i>	5	NM; NEDS
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	5	NM; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	2	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	4	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	5	PA; NM; NEDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NM; NEDS
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	QL (30 EA per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NM; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	5	PA; NM; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	5	PA; NM; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	5	PA; NM; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NM; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET 300 MG	5	PA; NM; QL (120 EA per 30 days); NEDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; NM; QL (120 EA per 30 days); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	2	PA; QL (150 GM per 30 days)
Estrogens		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3	QL (8 EA per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>cyred oral tablet 0.15-30 mg-mcg</i>	1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dolishale oral tablet 90-20 mcg</i>	1	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	
<i>jasmiel oral tablet 3-0.02 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
<i>loryna oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki oral tablet 3-0.02 mg</i>	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	
<i>vestura oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine oral tablet 3-0.03 mg</i>	1	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	QL (0.65 ML per 84 days)
<i>errin oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	QL (1 ML per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 ML per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	3	
OSPHENA ORAL TABLET 60 MG	4	
<i>raloxifene HCl oral tablet 60 mg</i>	2	QL (30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	4	PA NSO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET 1 MG	5	PA; NM; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	5	PA; NM; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG	5	NM; NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	4	PA NSO; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	4	PA NSO; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	4	PA NSO; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	4	PA NSO; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	4	PA NSO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA NSO
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	5	NM; NEDS
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA NSO; QL (1 EA per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO; NM; QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO; NM; QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NM; QL (1 EA per 112 days); NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NM; QL (1 EA per 168 days); NEDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA NSO; NM; NEDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO; NM; QL (1 EA per 28 days); NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO; NM; QL (1 EA per 84 days); NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NM; QL (1 EA per 28 days); NEDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NM; QL (1 EA per 168 days); NEDS
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; QL (30 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	NM; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NM; QL (60 ML per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	NM; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NEDS
SYNAREL NASAL SOLUTION 2 MG/ML	5	NM; NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA; NM; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NM; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	PA; NM; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NM; NEDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; NM; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NM; QL (4 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; QL (2 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NM; QL (4 ML per 28 days); NEDS
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	PA B/D; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA B/D; NM; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA B/D; NM; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	PA B/D; NM; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA B/D; NM; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5	PA B/D; NM; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA B/D; NM; NEDS
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NM; QL (3.6 ML per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NM; QL (3.6 ML per 28 days); NEDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NM; QL (4 ML per 28 days); NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NM; QL (4 ML per 28 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; QL (2 ML per 28 days); NEDS
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA; NM; QL (5 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NM; QL (2 ML per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NM; QL (2 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; QL (2 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NM; QL (0.5 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NM; QL (2 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; NM; QL (2.28 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; NM; QL (4 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NM; QL (1.34 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; NM; QL (2.28 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NM; QL (4 ML per 28 days); NEDS
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	5	PA; NM; QL (160 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NM; QL (1 ML per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NM; QL (20.1 ML per 30 days); NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; NM; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; NM; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; NM; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; NM; QL (2.8 ML per 28 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA; NM; QL (10 ML per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NM; QL (1 ML per 84 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; NM; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; NM; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; QL (1 ML per 84 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NM; QL (1 ML per 84 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; NM; QL (0.5 ML per 84 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NM; QL (1 ML per 84 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; NM; QL (1 ML per 56 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NM; QL (1 ML per 56 days); NEDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; NM; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; NM; QL (2 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; NM; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NM; QL (2 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NM; QL (8 EA per 28 days); NEDS
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; NM; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NM; NEDS
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	PA B/D
<i>azathioprine oral tablet 50 mg</i>	1	PA B/D
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	5	PA; NM; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NM; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA; NM; NEDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NM; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NM; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NM; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NM; QL (8 ML per 28 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA B/D; NM; NEDS
<i>everolimus oral tablet 0.25 mg</i>	4	PA B/D; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA B/D; NM; QL (60 EA per 30 days); NEDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	PA B/D
GENGRAF ORAL SOLUTION 100 MG/ML	2	PA B/D
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; NM; QL (4 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NM; QL (2 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NM; QL (3 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	5	PA; NM; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; NM; QL (4 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NM; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NM; QL (3 EA per 28 days); NEDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NM; QL (2 EA per 28 days); NEDS
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NM; QL (3 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NM; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NM; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NM; QL (3 EA per 28 days); NEDS
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NM; QL (180 EA per 30 days); NEDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	PA B/D; NM; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	PA B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	3	PA NSO
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; QL (60 EA per 30 days); NEDS
<i>sirolimus oral solution 1 mg/ml</i>	4	PA B/D
<i>sirolimus oral tablet 0.5 mg</i>	2	PA B/D
<i>sirolimus oral tablet 1 mg, 2 mg</i>	4	PA B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	6	

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	6	PA B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	PA B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	QL (1.5 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	QL (1.5 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	6	PA B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	PA B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	
IPOL INJECTION INJECTABLE	6	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
IXIARO INTRAMUSCULAR SUSPENSION	6	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
MENACTRA INTRAMUSCULAR SOLUTION	6	
MENQUADFI INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	PA B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	PA B/D
ROTARIX ORAL SUSPENSION	6	
ROTARIX ORAL SUSPENSION RECONSTITUTED	6	
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	6	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU- MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	6	QL (2 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine ER oral capsule extended release 24 hour 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine ER oral capsule extended release 500 mg</i>	4	QL (240 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	4	QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	2	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	2	
<i>mesalamine rectal suppository 1000 mg</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
Glucocorticoids		
<i>budesonide ER oral tablet extended release 24 hour 9 mg</i>	5	NM; NEDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide rectal foam 2 mg</i>	4	
<i>hydrocortisone (perianal) external cream 1 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate sodium oral solution 70 mg/75ml</i>	2	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet HCl oral tablet 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet HCl oral tablet 90 mg</i>	2	QL (120 EA per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	4	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	ST
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NM; QL (2 EA per 28 days); NEDS
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	ST
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	ST; NM; QL (60 EA per 30 days); NEDS
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NM; QL (2.48 ML per 28 days); NEDS
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	5	PA; NM; QL (2.48 ML per 28 days); NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NM; QL (1.56 ML per 30 days); NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA NSO; NM; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>acetylcysteine intravenous solution 200 mg/ml</i>	4	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; QL (240 EA per 30 days); NEDS
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA B/D
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
CVS GAUZE STERILE PAD 2"X2"	2	
<i>dojolvi oral liquid 100 %</i>	5	PA; NM; NEDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
GLOBAL ALCOHOL PREP EASE PAD 70 %	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA B/D
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NM; QL (90 ML per 30 days); NEDS
NOVOPEN ECHO DEVICE	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA B/D
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML	4	PA B/D
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	PA; QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5)	3	PA; QL (10 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	PA; QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	PA; QL (10 EA per 30 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	PA; QL (10 EA per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days); \$0 Copay
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days); \$0 Copay
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
<i>smoflipid intravenous emulsion 20 %</i>	4	PA B/D
<i>sodium chloride irrigation solution 0.9 %</i>	2	
V-GO 20 KIT 20 UNIT/24HR	3	PA; QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	3	PA; QL (30 EA per 30 days)
V-GO 40 KIT 40 UNIT/24HR	3	PA; QL (30 EA per 30 days)
VISTOGARD ORAL PACKET 10 GM	5	NM; NEDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>alcaine ophthalmic solution 0.5 %</i>	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	2	
<i>cyclopentolate HCl ophthalmic solution 0.5 %, 1 %, 2 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	NM; QL (60 ML per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide HCl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide HCl-timolol mal pf ophthalmic solution 2-0.5 %</i>	4	
LACRISERT OPHTHALMIC INSERT 5 MG	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA; NM; QL (28 ML per 28 days); NEDS
<i>phenylephrine HCl ophthalmic solution 10 %, 2.5 %</i>	2	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>proparacaine HCl ophthalmic solution 0.5 %</i>	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>tetracaine HCl ophthalmic solution 0.5 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
VERKAZIA OPHTHALMIC EMULSION 0.1 %	5	PA; NM; QL (120 EA per 30 days); NEDS
Ophthalmic Anti-allergy Agents		
<i>azelastine HCl ophthalmic solution 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	4	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>olopatadine HCl ophthalmic solution 0.1 %</i>	2	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
<i>ciprofloxacin HCl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	4	
<i>moxifloxacin HCl (2x day) ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin HCl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic solution 1 %</i>	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Anti-inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>difluprednate ophthalmic emulsion 0.05 %</i>	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	4	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol HCl ophthalmic solution 0.5 %</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	
<i>carteolol HCl ophthalmic solution 1 %</i>	1	
<i>levobunolol HCl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide ER oral capsule extended release 12 hour 500 mg</i>	2	
<i>apraclonidine HCl ophthalmic solution 0.5 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide ophthalmic suspension 1 %</i>	2	
<i>dorzolamide HCl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine HCl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
VUITY OPHTHALMIC SOLUTION 1.25 %	4	QL (2.5 ML per 28 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost ophthalmic solution 0.03 %</i>	4	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	4	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin HCl otic solution 0.2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine HCl nasal solution 0.1 %</i>	2	QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	4	QL (23.1 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	2	
<i>cyproheptadine HCl oral syrup 2 mg/5ml</i>	2	
<i>cyproheptadine HCl oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>hydroxyzine HCl oral syrup 10 mg/5ml</i>	2	
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>olopatadine HCl nasal solution 0.6 %</i>	4	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	PA B/D; QL (120 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	
<i>fluticasone propionate HFA inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate HFA inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate HFA inhalation aerosol 44 mcg/act</i>	2	QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
ZYFLO ORAL TABLET 600 MG	5	NM; NEDS
Bronchodilators, Anticholinergic		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA B/D
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (45 ML per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate HFA inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2	QL (54 GM per 30 days)
<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>	2	PA B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	PA B/D; QL (120 ML per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	PA B/D; QL (120 ML per 30 days)
<i>levalbuterol HCl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	PA B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	4	QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	4	QL (4 GM per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	3	QL (2 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NM; QL (84 ML per 28 days); NEDS
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET 150 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	5	PA; NM; QL (120 EA per 30 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA B/D; NM; NEDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA; NM; QL (280 ML per 28 days); NEDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
TRIKAFTA ORAL THERAPY PACK 100-50- 75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; NM; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	4	PA B/D
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	4	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	QL (30 EA per 30 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline ER oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline ER oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral elixir 80 mg/15ml</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; QL (90 EA per 30 days); NEDS
ALYQ ORAL TABLET 20 MG	2	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NM; QL (30 EA per 30 days); NEDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; NM; QL (168 EA per 28 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; NM; QL (336 EA per 28 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	5	PA; NM; QL (252 EA per 28 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NM; NEDS
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA; NM; QL (112 EA per 28 days); NEDS
TYVASO INHALATION SOLUTION 0.6 MG/ML	5	PA B/D; NM; NEDS
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	5	PA B/D; NM; NEDS
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	5	PA B/D; NM; NEDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; QL (60 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; QL (240 EA per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NM; QL (400 EA per 365 days); NEDS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; NM; QL (270 ML per 30 days); NEDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	5	NM; NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; QL (60 EA per 30 days); NEDS
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NM; QL (270 EA per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NM; QL (270 EA per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; NM; QL (90 EA per 30 days); NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	4	PA B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (30.9 GM per 30 days)
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; NM; QL (560 EA per 28 days); NEDS
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NM; QL (1 ML per 56 days); NEDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	PA B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NM; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NM; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NM; QL (0.4 ML per 28 days); NEDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	5	PA; NM; QL (1.91 ML per 28 days); NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>carisoprodol oral tablet 250 mg</i>	4	
<i>carisoprodol oral tablet 350 mg</i>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine HCl oral tablet 10 mg</i>	2	QL (90 EA per 30 days)
<i>cyclobenzaprine HCl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate ER oral tablet extended release 12 hour 100 mg</i>	2	

Sleep Disorder Agents

Sleep Promoting Agents

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>eszopiclone oral tablet 1 mg</i>	2	QL (60 EA per 30 days)
<i>eszopiclone oral tablet 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NM; QL (150 ML per 30 days); NEDS
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; NM; QL (30 EA per 30 days); NEDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>zolpidem tartrate ER oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (60 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; NM; QL (540 ML per 30 days); NEDS
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)

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LENVIMA (20 MG DAILY DOSE)	38	<i>lidocaine viscous HCl</i>	78	<i>lurasidone HCl</i>	47
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<i>levonorgestrel-ethinyl estrad</i>	99	<i>loryna</i>	100	MAVENCLAD (6 TABS)	76
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Multi-Language Insert

Multi-language Interpreter Services

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This formulary was updated on 04/01/2024. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at **QuartzBenefits.com/MedicareAdvantage**.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal.

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