

Sentara Community Complete Select (HMO D-SNP) 2025 Abridged Formulary (Partial List of Covered Drugs or “Drug List”)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

Formulary ID: **25518**, Version: **14**

This abridged formulary was updated on **02/19/2025**. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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 Sentara Medicare. When it refers to “plan” or “our plan,” it means Sentara Community Complete Select (HMO D-SNP).

This document includes a partial Drug List (formulary) for our plan which is current as of **03/01/2025**. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Sentara Community Complete Select Abridged Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Sentara Medicare 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. Sentara Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Sentara Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Formulary ID: 25518 Version: 14

This formulary was updated on 03/01/2025

This document is a partial formulary and includes only some of the drugs covered by Sentara Medicare. For a complete listing of all prescription drugs covered by Sentara Medicare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Sentara Medicare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: sentarahealthplans.com/plans/medicare/prescription-drugs.

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **03/01/2025**. To get updated information about the drugs covered by Sentara Medicare please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes a revised printable Abridged formulary document will be posted on our website at sentarahealthplans.com/plans/medicare/prescription-drugs. If you are impacted by the change, you will also be mailed a Negative Change letter 60 days prior to the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **8**. 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 **8**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **107**. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Sentara Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Sentara Medicare before you fill your prescriptions. If you don’t get approval, Sentara Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Sentara Medicare limits the amount of the drug that Sentara Medicare will cover. For example, Sentara Medicare provides 90 capsules per prescription for *pregabalin oral capsule 100 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Sentara Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Sentara Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sentara Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Sentara Medicare 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 Sentara Community Complete Select formulary?” on page 5 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Sentara Medicare pays for certain OTC drugs. Sentara Medicare will provide these OTC drugs at no cost to you. The cost to Sentara Medicare of these OTC drugs will not count toward your total Part D drug costs.

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 Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Sentara Medicare may cover your drug. For more information, 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 learn that Sentara Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Sentara Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Sentara Medicare.
- You can ask Sentara Medicare 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 Sentara Community Complete Select Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

For more information

For more detailed information about your Sentara Community Complete Select prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Sentara Community Complete Select Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **107**.

Remember: This is only a partial list of drugs covered by Sentara Medicare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium oral tablet*).

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage for your drug.

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

V: Vaccines

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D PA
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	B/D PA
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	MO; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500,000 unit</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; MO; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; MO; NEDS
<i>voriconazole oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)

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

This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 50 mg</i>	1	PA; MO; QL (480 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	MO
<i>abacavir oral tablet 300 mg</i>	1	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	MO
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; MO
<i>adefovir oral tablet 10 mg</i>	1	MO
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	1	MO; QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	1	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NEDS
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; NEDS
<i>darunavir oral tablet 600 mg</i>	1	MO; QL (60 per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	1	MO; QL (30 per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	MO; NEDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO; NEDS
<i>emtricitabine oral capsule 200 mg</i>	1	MO

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

This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	MO; QL (30 per 30 days); NEDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>fosamprenavir oral tablet 700 mg</i>	1	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	MO; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days); NEDS
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; QL (336 per 28 days); NEDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; QL (168 per 28 days); NEDS

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

This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet 100 mg</i>	1	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days); NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NEDS

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

This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	MO; QL (1080 per 30 days); NEDS
<i>valganciclovir oral tablet 450 mg</i>	1	MO; QL (120 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; QL (30 per 30 days); NEDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; QL (28 per 28 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	1	MO
<i>zidovudine oral syrup 10 mg/ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>cefixime oral capsule 400 mg</i>	1	MO
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>azithromycin oral tablet 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; QL (136 per 10 days); NEDS
DIFICID ORAL TABLET 200 MG	1	PA; MO; QL (20 per 10 days); NEDS
<i>e.e.s. 400 oral tablet 400 mg</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	MO
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	MO; NEDS
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	MO
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; QL (84 per 56 days); NEDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	MO
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
<i>ertapenem injection recon soln 1 gram</i>	1	MO; QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>isoniazid oral solution 50 mg/5 ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; QL (1800 per 30 days); NEDS
<i>linezolid oral tablet 600 mg</i>	1	MO; QL (60 per 30 days)
<i>mefloquine oral tablet 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 per 10 days)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin oral tablet 500 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	MO; NEDS
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	MO
<i>praziquantel oral tablet 600 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; MO; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	1	MO
<i>rifabutin oral capsule 150 mg</i>	1	MO
<i>rifampin intravenous recon soln 600 mg</i>	1	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
<i>tigecycline intravenous recon soln 50 mg</i>	1	MO; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; QL (224 per 56 days); NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; MO; QL (280 per 56 days); NEDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; MO; QL (224 per 28 days); NEDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	MO
TRECTOR ORAL TABLET 250 MG	1	MO
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (60 per 30 days); NEDS
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	1	MO
<i>ampicillin sodium injection recon soln 125 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	NEDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	MO
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral tablet 400 mg</i>	1	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	MO
<i>doxy-100 intravenous recon soln 100 mg</i>	1	MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
MESNEX ORAL TABLET 400 MG	1	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; QL (30 per 180 days); NEDS
<i>anastrozole oral tablet 1 mg</i>	1	MO
AUGTYRO ORAL CAPSULE 160 MG	1	PA; MO; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA; MO; QL (240 per 30 days); NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; QL (84 per 28 days); NEDS
BALVERSA ORAL TABLET 4 MG	1	PA; LA; QL (56 per 28 days); NEDS
BALVERSA ORAL TABLET 5 MG	1	PA; LA; QL (28 per 28 days); NEDS
<i>bexarotene oral capsule 75 mg</i>	1	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>bicalutamide oral tablet 50 mg</i>	1	MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (360 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CALQUENCE ORAL CAPSULE 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; QL (60 per 30 days); NEDS
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	B/D PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; QL (120 per 30 days); NEDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	B/D PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; MO; NEDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NEDS
<i>exemestane oral tablet 25 mg</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days); NEDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; QL (120 per 30 days); NEDS
GEFITINIB ORAL TABLET 250 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>gleostine oral capsule 10 mg, 100 mg, 40 mg</i>	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 per 30 days); NEDS
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (324 per 30 days); NEDS
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 per 30 days); NEDS
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; QL (280 per 28 days); NEDS
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (56 per 28 days); NEDS
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (28 per 28 days); NEDS
IWILFIN ORAL TABLET 192 MG	1	PA; LA; QL (240 per 30 days); NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days); NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days); NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days); NEDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days); NEDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; QL (120 per 30 days); NEDS
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 per 30 days); NEDS
<i>lapatinib oral tablet 250 mg</i>	1	PA; MO; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; QL (28 per 28 days); NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS
<i>letrozole oral tablet 2.5 mg</i>	1	MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	1	PA; QL (60 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days); NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS
MATULANE ORAL CAPSULE 50 MG	1	NEDS
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; QL (1200 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B/D PA; MO
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	PA; LA; QL (120 per 30 days); NEDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; MO
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>	1	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days); NEDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days); NEDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 per 30 days); NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; QL (14 per 28 days); NEDS
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 90 days); NEDS
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; QL (14 per 21 days); NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (28 per 28 days); NEDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (56 per 28 days); NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; QL (21 per 28 days); NEDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NEDS
QINLOCK ORAL TABLET 50 MG	1	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	1	PA; MO; QL (90 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET 200 MG	1	PA; LA; QL (30 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; QL (224 per 28 days); NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D PA; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NEDS
<i>sorafenib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; QL (840 per 28 days); NEDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days); NEDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; QL (240 per 30 days); NEDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; QL (60 per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days); NEDS
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS
<i>toremifene oral tablet 60 mg</i>	1	MO; NEDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	MO; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days); NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; QL (42 per 180 days); NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; QL (28 per 28 days); NEDS
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days); NEDS
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; QL (300 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days); NEDS
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; QL (120 per 30 days); NEDS
WELIREG ORAL TABLET 40 MG	1	PA; LA; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; QL (60 per 30 days); NEDS
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days); NEDS
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; QL (90 per 30 days); NEDS
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA; LA; QL (8 per 28 days); NEDS
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA; LA; QL (4 per 28 days); NEDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; QL (24 per 30 days); NEDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
YONSA ORAL TABLET 125 MG	1	PA; MO; QL (120 per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; QL (240 per 30 days); NEDS
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; QL (90 per 30 days); NEDS

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APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days); NEDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days); NEDS
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; QL (180 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; QL (180 per 30 days); NEDS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
<i>epitol oral tablet 200 mg</i>	1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	1	MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	1	MO; NEDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; QL (360 per 30 days); NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; QL (720 per 30 days); NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days); NEDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	PA; MO; QL (10 per 30 days); NEDS
<i>methsuximide oral capsule 300 mg</i>	1	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; MO; QL (2400 per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO; QL (480 per 30 days); NEDS
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	MO; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	MO; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days); NEDS
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	1	PA; LA; QL (180 per 30 days); NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder oral powder in packet 500 mg</i>	1	PA; LA; NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG	1	PA; MO; QL (120 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG, 50 MG	1	PA; MO; QL (30 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; QL (28 per 180 days); NEDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; QL (900 per 30 days); NEDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; QL (1100 per 30 days); NEDS
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine oral capsule 5 mg</i>	1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	1	MO
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL (8 per 28 days); NEDS
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (150 per 30 days); NEDS
AUSTEDO ORAL TABLET 9 MG	1	PA; MO; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	1	PA; MO; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (90 per 30 days); NEDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days); NEDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; QL (42 per 180 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>donepezil oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; LA; NEDS
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NEDS
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NEDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; QL (1.2 per 28 days); NEDS
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	PA; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; QL (70 per 28 days); NEDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 9.5 mg/24 hour</i>	1	MO; QL (30 per 30 days)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24 hour</i>	1	QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	1	PA; LA; QL (90 per 30 days); NEDS
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; QL (120 per 30 days); NEDS
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; QL (28 per 180 days); NEDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; QL (7 per 180 days); NEDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	1	MO; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>hydromorphone oral liquid 1 mg/ml</i>	1	MO; QL (2400 per 30 days); NEDS
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>hydromorphone oral tablet 8 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days); NEDS
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days); NEDS
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS
<i>morphine oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>oxycodone oral capsule 5 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>oxycodone oral concentrate 20 mg/ml</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days); NEDS
<i>oxycodone oral tablet 10 mg, 15 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days); NEDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	MO; QL (10 per 28 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	MO; QL (224 per 28 days); NEDS
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naloxone injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naltrexone oral tablet 50 mg</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (240 per 30 days); NEDS
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	MO; NEDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; QL (1 per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; QL (1 per 28 days); NEDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	MO; QL (60 per 30 days); NEDS
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; QL (60 per 30 days); NEDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>citalopram oral solution 10 mg/5 ml</i>	1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	
<i>clozapine oral tablet 200 mg</i>	1	
<i>clozapine oral tablet 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; QL (60 per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; QL (56 per 180 days); NEDS
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	MO; QL (120 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; QL (30 per 30 days); NEDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; QL (60 per 30 days); NEDS
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days); NEDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; QL (30 per 30 days); NEDS
MARPLAN ORAL TABLET 10 MG	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>olanzapine intramuscular recon soln 10 mg</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>phenelzine oral tablet 15 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; QL (30 per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days); NEDS
<i>risperidone oral solution 1 mg/ml</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; QL (30 per 30 days); NEDS
<i>sertraline oral concentrate 20 mg/ml</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days); NEDS
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	MO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>tranylcypromine oral tablet 10 mg</i>	1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days); NEDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NEDS
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; QL (30 per 30 days); NEDS
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; LA; QL (540 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA; MO; QL (28 per 14 days); NEDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	1	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride oral tablet 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>	1	MO; QL (90 per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>	1	MO; QL (180 per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metyrosine oral capsule 250 mg</i>	1	PA; MO; NEDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine oral capsule 30 mg</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	1	PA; MO; QL (168 per 180 days); NEDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; QL (336 per 180 days); NEDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; QL (252 per 180 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
<i>orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg</i>	1	PA; MO; NEDS
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NEDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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	MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; QL (30 per 30 days); NEDS
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NEDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO; QL (24 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO; QL (12 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO; QL (18 per 30 days); NEDS
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	MO
<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	MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
PROMACTA ORAL TABLET 25 MG, 50 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
PROMACTA ORAL TABLET 75 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; LA; QL (60 per 30 days); NEDS
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	MO
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	MO
<i>colesevelam oral tablet 625 mg</i>	1	MO
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	MO
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NEDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	MO
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ST; MO; QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>prevalite oral powder in packet 4 gram</i>	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (3.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 per 30 days); NEDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; QL (30 per 30 days); NEDS
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)
LODOCO ORAL TABLET 0.5 MG	1	PA; MO; QL (30 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	MO
VECAMYL ORAL TABLET 2.5 MG	1	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; NEDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
<i>nitro-bid transdermal ointment 2 %</i>	1	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	MO
<i>calcipotriene scalp solution 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days); NEDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (10 per 28 days); NEDS
<i>selenium sulfide topical lotion 2.5 %</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; MO; QL (2 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; QL (6 per 28 days); NEDS
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (6 per 28 days); NEDS
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NEDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution 2 %</i>	1	MO
<i>fluorouracil topical solution 5 %</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	MO; NEDS
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
<i>pimecrolimus topical cream 1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	MO
REGRANEX TOPICAL GEL 0.01 %	1	MO; NEDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
<i>ssd topical cream 1 %</i>	1	MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>azelaic acid topical gel 15 %</i>	1	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	MO
<i>clindamycin phosphate topical gel 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	MO
<i>ery pads topical swab 2 %</i>	1	MO
<i>erythromycin with ethanol topical solution 2 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %</i>	1	MO
<i>metronidazole topical gel 1 %</i>	1	MO
<i>metronidazole topical lotion 0.75 %</i>	1	MO
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	MO; QL (44 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream 1 %</i>	1	MO; QL (85 per 28 days)
<i>ketconazole topical cream 2 %</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	MO; QL (120 per 28 days)
<i>naftifine topical cream 1 %, 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	MO; QL (60 per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	MO; QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone topical cream 0.05 %</i>	1	MO
<i>alclometasone topical ointment 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>clodan topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>desonide topical cream 0.05 %</i>	1	MO; QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	MO; QL (118.28 per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO; QL (50 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical cream 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical solution 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO; QL (454 per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN TOPICAL LOTION 10 %	1	
<i>malathion topical lotion 0.5 %</i>	1	MO
<i>permethrin topical cream 5 %</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; MO; NEDS
<i>cevimeline oral capsule 30 mg</i>	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; LA; QL (300 per 30 days); NEDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; MO; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NEDS
<i>deferiprone oral tablet 500 mg</i>	1	PA; MO; NEDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	1	PA; QL (60 per 30 days); NEDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; MO; QL (900 per 30 days); NEDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	1	PA; LA; QL (60 per 30 days); NEDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet 330 mg</i>	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	1	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	1	PA; LA; QL (60 per 30 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	MO
TAVNEOS ORAL CAPSULE 10 MG	1	PA; LA; QL (180 per 30 days); NEDS
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; MO; QL (2 per 28 days); NEDS
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; MO; QL (3 per 28 days); NEDS
MISCELLANEOUS NEUROLOGICAL THERAPY		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; MO; QL (2 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	MO; QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	MO
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	MO
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		

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Drug Name	Drug Tier	Requirements/Limits
<i>cortrophin gel injection gel 80 unit/ml</i>	1	PA; MO; QL (35 per 28 days); NEDS
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	MO
<i>prednisone oral solution 5 mg/5 ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack)</i>	1	MO
<i>prednisone oral tablets,dose pack 5 mg, 5 mg (48 pack)</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	PA; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	MO
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	MO; QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; MO; QL (10.8 per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; MO; QL (6 per 30 days); NEDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	MO; QL (3.7 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	MO; QL (120 per 30 days); NEDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; LA; NEDS
ISTURISA ORAL TABLET 1 MG	1	PA; LA; QL (240 per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	1	PA; LA; QL (360 per 30 days); NEDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NEDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; QL (730 per 730 days); NEDS
ORILISSA ORAL TABLET 200 MG	1	PA; MO; QL (360 per 180 days); NEDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; MO; NEDS
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; MO; NEDS
THYROID HORMONES		
<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	MO
<i>levothyroxine 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	MO
<i>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</i>	1	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
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	1	MO
<i>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</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
<i>loperamide oral capsule 2 mg</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO; NEDS
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	B/D PA; MO; QL (2 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; MO; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; MO; QL (6 per 28 days)
<i>balsalazide oral capsule 750 mg</i>	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NEDS
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	MO
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	1	PA; MO; LA; QL (180 per 30 days); NEDS
BYLVAY ORAL CAPSULE 400 MCG	1	PA; MO; LA; QL (450 per 30 days); NEDS
BYLVAY ORAL PELLETT 200 MCG	1	PA; MO; LA; QL (240 per 30 days); NEDS
BYLVAY ORAL PELLETT 600 MCG	1	PA; MO; LA; QL (120 per 30 days); NEDS
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days); NEDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; QL (2 per 28 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days); NEDS
<i>compro rectal suppository 25 mg</i>	1	MO
<i>constulose oral solution 10 gram/15 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	MO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
<i>enulose oral solution 10 gram/15 ml</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	MO
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; LA; QL (60 per 30 days); NEDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; LA; QL (90 per 30 days); NEDS
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	MO
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	MO; QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NEDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VARUBI ORAL TABLET 90 MG	1	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	1	PA; MO; QL (60 per 30 days); NEDS
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	1	MO
VOWST ORAL CAPSULE	1	PA; NEDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	1	MO
ULCER THERAPY		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral suspension 100 mg/ml</i>	1	MO
<i>sucralfate oral tablet 1 gram</i>	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; QL (14 per 28 days); NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; QL (2 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; MO; NEDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5- 120 MCG/0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days); NEDS

OTHER RHEUMATOLOGICALS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (6 per 180 days); NEDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (4 per 180 days); NEDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days); NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (3 per 180 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; QL (60 per 30 days); NEDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days); NEDS
<i>penicillamine oral tablet 250 mg</i>	1	PA; MO
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (168 per 365 days); NEDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (3 per 180 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet 0.35 mg</i>	1	MO
<i>deblitane oral tablet 0.35 mg</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>errin oral tablet 0.35 mg</i>	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>heather oral tablet 0.35 mg</i>	1	MO
<i>incassia oral tablet 0.35 mg</i>	1	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	MO
<i>lyleq oral tablet 0.35 mg</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>mimvey oral tablet 1-0.5 mg</i>	1	MO
<i>nora-be oral tablet 0.35 mg</i>	1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
<i>sharobel oral tablet 0.35 mg</i>	1	MO
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>apri oral tablet 0.15-0.03 mg</i>	1	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	MO
<i>juleber oral tablet 0.15-0.03 mg</i>	1	MO
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	MO
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	MO
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	MO
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO; NEDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; QL (10 per 42 days); NEDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	1	MO
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine oral tablet 4 mg</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO; LA; QL (30 per 30 days); NEDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B/D PA; MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D PA; MO
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; MO
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	MO
<i>montelukast oral tablet 10 mg</i>	1	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days); NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NEDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	1	PA; MO; QL (30 per 30 days); NEDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; QL (112 per 28 days); NEDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NEDS
<i>pirfenidone oral capsule 267 mg</i>	1	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NEDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; QL (56 per 28 days); NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; QL (84 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; QL (112 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; QL (504 per 365 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	1	PA; QL (1 per 21 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	1	PA; MO; QL (1 per 21 days); NEDS
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; QL (90 per 30 days); NEDS
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	MO
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	MO
<i>trospium oral tablet 20 mg</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	MO
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

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Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES		
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	MO
<i>klor-con oral packet 20 meq</i>	1	MO
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	MO
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg</i>	1	MO

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<i>gavilyte-n</i>	78	HUMALOG MIX 75-25(U-		<i>imipenem-cilastatin</i>	15
GAVRETO	22	100)INSULN	70	<i>imipramine hcl</i>	45
GEFITINIB	22	HUMALOG U-100 INSULIN		<i>imipramine pamoate</i>	46
<i>gemfibrozil</i>	58	70, 71	<i>imiquimod</i>	61
<i>generlac</i>	78	HUMIRA	87	IMKELDI	23
<i>gengraf</i>	22	HUMIRA PEN	87	IMOVAX RABIES VACCINE	
<i>gentamicin</i>	15, 62, 95	HUMIRA(CF)	88	(PF)	83
<i>gentamicin in nacl (iso-osm)</i>	15	HUMIRA(CF) PEN	88	IMPAVIDO	15
GENVOYA	10	HUMIRA(CF) PEN		<i>incassia</i>	90
GILOTRIF	22	CROHNS-UC-HS	87	INCRELEX	66
<i>glatiramer</i>	37	HUMIRA(CF) PEN PSOR-		INCRUSE ELLIPTA	100
<i>glatopa</i>	37	UV-ADOL HS	87	<i>indapamide</i>	53
<i>gleostine</i>	22	HUMULIN 70/30 U-100		<i>indomethacin</i>	41
<i>glimepiride</i>	70	INSULIN	71	INFANRIX (DTAP) (PF)	83
<i>glipizide</i>	70	HUMULIN 70/30 U-100		INLYTA	23
<i>glipizide-metformin</i>	70	KWIKPEN	71	INQOVI	23
<i>glutamine (sickle cell)</i>	66	HUMULIN N NPH INSULIN		INREBIC	23
<i>glycopyrrolate</i>	77	KWIKPEN	71	INSULIN ASP PRT-INSULIN	
GLYCOPYRROLATE	77	HUMULIN N NPH U-100		ASPART	71
GLYXAMBI	70	INSULIN	71	INSULIN ASPART U-100	71
<i>granisetron hcl</i>	78	HUMULIN R REGULAR U-		INSULIN LISPRO	71, 72
<i>griseofulvin microsize</i>	8	100 INSULN	71	INSULIN LISPRO	
<i>griseofulvin ultramicrosize</i>	8	HUMULIN R U-500 (CONC)		PROTAMIN-LISPRO	71
<i>guanfacine</i>	45, 53	INSULIN	71	INSULIN PEN NEEDLE	86
GVOKE	70	HUMULIN R U-500 (CONC)		INSULIN SYRINGE (DISP)	
GVOKE HYPOPEN 2-PACK		KWIKPEN	71	U-100	86
.....	70	<i>hydralazine</i>	53	INTELENCE	10
GVOKE PFS 1-PACK		<i>hydrochlorothiazide</i>	53	<i>intralipid</i>	105
SYRINGE	70	<i>hydrocodone-acetaminophen</i>	39	<i>introvale</i>	92
H		<i>hydrocortisone</i>	64, 69, 78	INVEGA HAFYERA	46
<i>halobetasol propionate</i>	64	<i>hydrocortisone valerate</i>	64	INVEGA SUSTENNA	46
<i>haloette</i>	91	<i>hydrocortisone-acetic acid</i>	68	INVEGA TRINZA	46
<i>haloperidol</i>	45	<i>hydromorphone</i>	39	INVELTYS	97

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

IPOL	83	KERENDIA.....	53	<i>levabuterol hcl</i>	100
<i>ipratropium bromide</i>	68, 100	KESIMPTA PEN	37	<i>levetiracetam</i>	32
<i>ipratropium-albuterol</i>	100	<i>ketoconazole</i>	8, 63	<i>levobunolol</i>	95
<i>irbesartan</i>	53	<i>ketorolac</i>	41, 96	<i>levocarnitine</i>	66
<i>irbesartan-hydrochlorothiazide</i>		KINRIX (PF).....	83	<i>levocarnitine (with sugar)</i>	66
.....	53	KISQALI.....	23	<i>levocetirizine</i>	98
ISENTRESS	10	KISQALI FEMARA CO-		<i>levofloxacin</i>	18
ISENTRESS HD	10	PACK	23	<i>levofloxacin in d5w</i>	18
<i>isibloom</i>	92	<i>klor-con</i>	104	<i>levonest (28)</i>	92
ISOLYTE S PH 7.4.....	105	<i>klor-con 10</i>	104	<i>levonorgestrel-ethinyl estrad</i>	92
ISOLYTE-P IN 5 %		<i>klor-con 8</i>	104	<i>levonorg-eth estrad triphasic</i>	92
DEXTROSE	105	<i>klor-con m10</i>	104	<i>levora-28</i>	92
<i>isoniazid</i>	15	<i>klor-con m15</i>	104	<i>levothyroxine</i>	76
<i>isosorbide dinitrate</i>	59	<i>klor-con m20</i>	104	<i>levoxyl</i>	76
<i>isosorbide mononitrate</i>	59	KOSELUGO	23	LIBERVANT	32
<i>isotretinoin</i>	62	<i>kourzeq</i>	68	<i>lidocaine</i>	61
<i>isradipine</i>	53	KRAZATI	23	<i>lidocaine hcl</i>	61
ISTURISA.....	75	<i>kurvelo (28)</i>	92	<i>lidocaine viscous</i>	61
ITOVEBI.....	23	L		<i>lidocaine-prilocaine</i>	61
<i>itraconazole</i>	8	<i>l norgest/e.estradiol-e.estrad</i>	92	<i>lidocan iii</i>	61
IVABRADINE	59	<i>labetalol</i>	53	LILETTA.....	91
<i>ivermectin</i>	15	<i>lacosamide</i>	31	<i>linezolid</i>	15
IWILFIN.....	23	LACOSAMIDE.....	32	<i>linezolid in dextrose 5%</i>	15
IXCHIQ (PF).....	83	<i>lactulose</i>	78	LINZESS	78
IXIARO (PF).....	83	<i>lamivudine</i>	10	<i>liothyronine</i>	76
J		<i>lamivudine-zidovudine</i>	10	<i>lisinopril</i>	53
JAKAFI	23	<i>lamotrigine</i>	32	<i>lisinopril-hydrochlorothiazide</i>	
<i>jantoven</i>	57	<i>lansoprazole</i>	80	.....	53
JANUMET	72	LANTUS SOLOSTAR U-100		<i>lithium carbonate</i>	46
JANUMET XR.....	72	INSULIN	72	<i>lithium citrate</i>	46
JANUVIA.....	72	LANTUS U-100 INSULIN ..	72	LIVMARLI.....	78
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<i>jasmiel (28)</i>	92	<i>larin 1.5/30 (21)</i>	92	LODOCO	59
JAYPIRCA.....	23	<i>larin 1/20 (21)</i>	92	LOKELMA.....	66
JENTADUETO	72	<i>larin fe 1.5/30 (28)</i>	92	LONSURF	24
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<i>jinteli</i>	90	<i>latanoprost</i>	96	<i>lopinavir-ritonavir</i>	10
JOENJA.....	66	LAZCLUZE	23	<i>lorazepam</i>	46
<i>juleber</i>	92	LEDIPASVIR-SOFOSBUVIR		<i>lorazepam intensol</i>	46
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JUXTAPID.....	58	<i>leflunomide</i>	88	<i>loryna (28)</i>	93
JYLAMVO.....	23	<i>lenalidomide</i>	24	<i>losartan</i>	53
JYNNEOS (PF).....	83	LENALIDOMIDE.....	24	<i>losartan-hydrochlorothiazide</i>	
K		LENVIMA.....	24	.....	53
KALYDECO	100	<i>lessina</i>	92	LOTEMAX SM.....	97
<i>kariva (28)</i>	92	<i>letrozole</i>	24	<i>loteprednol etabonate</i>	97
<i>kelnor 1/35 (28)</i>	92	<i>leucovorin calcium</i>	19	<i>lovastatin</i>	58
<i>kelnor 1/50 (28)</i>	92	<i>leuprolide</i>	24	<i>low-ogestrel (28)</i>	93

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<i>loxapine succinate</i>	46	MENVEO A-C-Y-W-135-DIP	<i>morphine</i>	39
<i>lubiprostone</i>	78	(PF).....	MOUNJARO.....	72
LUMAKRAS.....	24	<i>mercaptopurine</i>	MOVANTIK.....	79
LUMIGAN.....	96	<i>meropenem</i>	<i>moxifloxacin</i>	19, 95
LUPRON DEPOT.....	24	<i>mesalamine</i>	<i>moxifloxacin-sod.chloride(iso)</i>	
LUPRON DEPOT (3		MESNEX.....	.....	19
MONTH).....	24	<i>metformin</i>	MRESVIA (PF).....	84
LUPRON DEPOT (4		<i>methadone</i>	<i>mupirocin</i>	62
MONTH).....	24	<i>methazolamide</i>	MYALEPT.....	75
LUPRON DEPOT (6		<i>methenamine hippurate</i>	MYCAPSSA.....	25
MONTH).....	24	<i>methimazole</i>	<i>mycophenolate mofetil</i>	25
LUPRON DEPOT-PED.....	24	<i>methocarbamol</i>	<i>mycophenolate sodium</i>	25
LUPRON DEPOT-PED (3		<i>methotrexate sodium</i>	MYRBETRIQ.....	103
MONTH).....	24	<i>methotrexate sodium (pf)</i>	N	
<i>lurasidone</i>	46, 47	<i>methoxsalen</i>	<i>nabumetone</i>	41
<i>lutea (28)</i>	93	<i>methsuximide</i>	<i>nadolol</i>	54
LYBALVI.....	47	<i>methylphenidate hcl</i>	<i>naficillin</i>	18
<i>lyleq</i>	90	<i>methylprednisolone</i>	<i>naftifine</i>	63
<i>lyllana</i>	90	<i>metoclopramide hcl</i>	<i>naloxone</i>	41
LYNPARZA.....	24	<i>metolazone</i>	<i>naltrexone</i>	41
LYSODREN.....	24	<i>metoprolol succinate</i>	NAMZARIC.....	37
LYTGOBI.....	25	<i>metoprolol ta-hydrochlorothiaz</i>	<i>naproxen</i>	41
LYUMJEV KWIKPEN U-100		.....	<i>naproxen sodium</i>	41
INSULIN.....	72	<i>metoprolol tartrate</i>	<i>naratriptan</i>	35
LYUMJEV KWIKPEN U-200		<i>metronidazole</i>	<i>nateglinide</i>	73
INSULIN.....	72	<i>metronidazole in nacl (iso-os)</i>	NAYZILAM.....	32
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.....	72	<i>metyrosine</i>	NEEDLES, INSULIN	
<i>lyza</i>	90	<i>mexiletine</i>	DISP.,SAFETY.....	86
M		<i>micafungin</i>	<i>nefazodone</i>	47
<i>magnesium sulfate</i>	104	<i>microgestin 1.5/30 (21)</i>	<i>neomycin</i>	16
<i>malathion</i>	65	<i>microgestin 1/20 (21)</i>	<i>neomycin-bacitracin-poly-hc</i>	97
<i>maraviroc</i>	10	<i>microgestin fe 1.5/30 (28)</i>	<i>neomycin-bacitracin-</i>	
<i>marlissa (28)</i>	93	<i>microgestin fe 1/20 (28)</i>	<i>polymyxin</i>	95
MARPLAN.....	47	<i>midodrine</i>	<i>neomycin-polymyxin b-</i>	
MATULANE.....	25	<i>mifepristone</i>	<i>dexameth</i>	97
<i>matzim la</i>	53	<i>mili</i>	<i>neomycin-polymyxin-</i>	
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<i>meclizine</i>	78	<i>minocycline</i>	<i>neomycin-polymyxin-hc</i> ..	68, 97
<i>medroxyprogesterone</i>	90	<i>minoxidil</i>	<i>neo-polycin</i>	95
<i>mefloquine</i>	15	<i>mirtazapine</i>	<i>neo-polycin hc</i>	97
<i>megestrol</i>	25	<i>misoprostol</i>	NERLYNX.....	25
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MEKTOVI.....	25	<i>modafinil</i>	NEXLETOL.....	58
<i>meloxicam</i>	41	<i>moexipril</i>	NEXLIZET.....	58
<i>memantine</i>	37	<i>molindone</i>	NEXPLANON.....	91
MENACTRA (PF).....	83	<i>mometasone</i>	<i>niacin</i>	58
MENQUADFI (PF).....	83	<i>montelukast</i>	<i>nicardipine</i>	54

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<i>nilutamide</i>	25	NUBEQA	25	ORLISSA	75
<i>nimodipine</i>	54	NUCALA	100, 101	ORKAMBI	101
NINLARO.....	25	NUEDEXTA	37	ORLADEYO	101
<i>nisoldipine</i>	54	NUPLAZID	47	ORPHENADRINE CITRATE	38
<i>nitazoxanide</i>	16	NURTEC ODT.....	35	ORSERDU	26
<i>nitisinone</i>	66	<i>nyamyc</i>	63	<i>oseltamivir</i>	11
<i>nitro-bid</i>	59	<i>nystatin</i>	8, 63	OTEZLA.....	88
<i>nitrofurantoin macrocrystal</i> .	19	<i>nystatin-triamcinolone</i>	63	OTEZLA STARTER.....	88
<i>nitrofurantoin monohyd/m-cryst</i>	19	<i>nystop</i>	63	<i>oxacillin</i>	18
<i>nitroglycerin</i>	59, 60, 79	NYVEPRIA.....	81	<i>oxacillin in dextrose(iso-osm)</i>	18
NIVESTYM	81	O		<i>oxaprozin</i>	41
<i>nizatidine</i>	80	OCALIVA	79	<i>oxcarbazepine</i>	32
<i>nora-be</i>	90	OCTAGAM.....	84	OXERVATE.....	96
<i>norelgestromin-ethin.estradiol</i>	91	<i>octreotide acetate</i>	25, 26	<i>oxybutynin chloride</i>	103
<i>norethindrone (contraceptive)</i>	90	ODEFSEY	11	<i>oxycodone</i>	39
<i>norethindrone acetate</i>	90	ODOMZO	26	<i>oxycodone-acetaminophen</i> ...	40
<i>norethindrone ac-eth estradiol</i>	90, 93	OFEV.....	101	OXYCONTIN	40
<i>norethindrone-e.estradiol-iron</i>	93	<i>ofloxacin</i>	68, 95	OZEMPIC.....	73
<i>norgestimate-ethinyl estradiol</i>	93	OGSIVEO	26	P	
<i>nortrel 0.5/35 (28)</i>	93	OJEMDA.....	26	<i>pacerone</i>	51
<i>nortrel 1/35 (21)</i>	93	OJJAARA.....	26	<i>paliperidone</i>	47, 48
<i>nortrel 1/35 (28)</i>	93	<i>olanzapine</i>	47	PANRETIN	61
<i>nortrel 7/7/7 (28)</i>	93	<i>olmesartan</i>	54	<i>pantoprazole</i>	80
<i>nortriptyline</i>	47	<i>olmesartan-amlodipin-hcthiazyd</i>	54	PANZYGA	84
NORVIR.....	11	<i>olmesartan-hydrochlorothiazide</i>	54	<i>paricalcitol</i>	75
NOVOLIN 70/30 U-100 INSULIN.....	73	<i>olopatadine</i>	68	<i>paroxetine hcl</i>	48
NOVOLIN 70-30 FLEXPEN U-100.....	73	OLPRUVA	66	PAXLOVID.....	11
NOVOLIN N FLEXPEN	73	<i>omega-3 acid ethyl esters</i>	58	<i>pazopanib</i>	26
NOVOLIN N NPH U-100 INSULIN.....	73	<i>omeprazole</i>	80	PEDIARIX (PF)	84
NOVOLIN R FLEXPEN	73	OMNITROPE.....	81	PEDVAX HIB (PF).....	84
NOVOLIN R REGULAR U100 INSULIN.....	73	<i>ondansetron</i>	79	<i>peg 3350-electrolytes</i>	79
NOVOLOG FLEXPEN U-100 INSULIN.....	73	<i>ondansetron hcl</i>	79	PEGASYS	81
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		OPVEE	41	<i>penciclovir</i>	63
		ORENCIA	88	<i>penicillamine</i>	88
		ORENCIA CLICKJECT	88	PENICILLIN G POT IN DEXTROSE	18
		<i>orenitram</i>	54		
		ORENITRAM	54		

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<i>penicillin g potassium</i>	18	<i>potassium chloride-0.45 %</i>		<i>propafenone</i>	51
<i>penicillin g sodium</i>	18	<i>nacl</i>	105	<i>propranolol</i>	54, 55
<i>penicillin v potassium</i>	18	<i>potassium chloride-d5-</i>		<i>propylthiouracil</i>	69
PENTACEL (PF)	84	<i>0.2%nacl</i>	105	PROQUAD (PF).....	84
<i>pentamidine</i>	16	<i>potassium chloride-d5-</i>		<i>protriptyline</i>	48
PENTASA.....	79	<i>0.9%nacl</i>	105	PULMICORT FLEXHALER	
<i>pentoxifylline</i>	57	<i>potassium citrate</i>	103	.....	101
<i>perindopril erbumine</i>	54	<i>pramipexole</i>	34	PULMOZYME.....	101
<i>periogard</i>	68	<i>prasugrel hcl</i>	57	PURIXAN	26
<i>permethrin</i>	65	<i>pravastatin</i>	58	<i>pyrazinamide</i>	16
<i>perphenazine</i>	48	<i>praziquantel</i>	16	<i>pyridostigmine bromide</i>	38
PHEBURANE.....	66	<i>prazosin</i>	54	<i>pyrimethamine</i>	16
<i>phenelzine</i>	48	<i>prednisolone</i>	69	Q	
<i>phenobarbital</i>	32	<i>prednisolone acetate</i>	98	QINLOCK.....	26
<i>phenytoin</i>	32	<i>prednisolone sodium</i>		QUADRACEL (PF)	84
<i>phenytoin sodium extended</i> ..	32	<i>phosphate</i>	69, 98	<i>quetiapine</i>	48
PIFELTRO	11	<i>prednisone</i>	69	<i>quinapril</i>	55
<i>pilocarpine hcl</i>	67, 96	<i>prednisone intensol</i>	69	<i>quinapril-hydrochlorothiazide</i>	
<i>pimecrolimus</i>	61	<i>pregabalin</i>	32	.....	55
<i>pimozide</i>	48	PREMARIN	90	<i>quinidine sulfate</i>	51
<i>pimtree (28)</i>	93	<i>premasol 10 %</i>	105	<i>quinine sulfate</i>	16
<i>pindolol</i>	54	PREMPHASE	90	QULIPTA	35
<i>pioglitazone</i>	73	PREMPRO	90	R	
<i>piperacillin-tazobactam</i>	18	<i>prenatal vitamin oral tablet</i>	106	RABAVERT (PF)	84
PIQRAY	26	<i>prevalite</i>	58	<i>rabeprazole</i>	80
<i>pirfenidone</i>	101	PREVYMIS.....	11	RADICAVA ORS STARTER	
<i>piroxicam</i>	41	PREZCOBIX.....	11	KIT SUSP	37
<i>pitavastatin calcium</i>	58	PREZISTA	11	<i>raloxifene</i>	86
PLASMA-LYTE A	105	PRIFTIN.....	16	<i>ramelteon</i>	48
PLEGRIDY	81	PRIMAQUINE.....	16	<i>ramipril</i>	55
PLENAMINE.....	105	<i>primidone</i>	32, 33	<i>ranolazine</i>	59
<i>podofilox</i>	61	PRIORIX (PF).....	84	<i>rasagiline</i>	34
<i>polycin</i>	95	PRIVIGEN	84	RAVICTI.....	67
<i>polymyxin b sulf-trimethoprim</i>		<i>probenecid</i>	86	<i>reclipsen (28)</i>	93
.....	95	<i>probenecid-colchicine</i>	86	RECOMBIVAX HB (PF).....	84
POMALYST	26	<i>prochlorperazine</i>	79	REGANEX	61
<i>portia 28</i>	93	<i>prochlorperazine maleate oral</i>		RELENZA DISKHALER ...	11
<i>posaconazole</i>	8	.....	79	<i>repaglinide</i>	73
<i>potassium chlorid-d5-</i>		PROCRIPT	81, 82	REPATHA.....	59
<i>0.45%nacl</i>	104	<i>procto-med hc</i>	79	REPATHA PUSHTRONEX	58
<i>potassium chloride</i>	104, 105	<i>proctosol hc</i>	79	REPATHA SURECLICK ...	59
<i>potassium chloride in</i>		<i>proctozone-hc</i>	79	RETACRIT.....	82
<i>0.9%nacl</i>	104	<i>progesterone micronized</i>	90	RETEVMO.....	26, 27
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.....	104	PROLASTIN-C	67	REVUFORJ.....	27
<i>potassium chloride in lr-d5</i>	104	PROLIA.....	86	REXULTI.....	48
<i>potassium chloride in water</i>	104	PROMACTA.....	57	REYATAZ	11
		<i>promethazine</i>	98	REZLIDHIA	27

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REZUROCK.....	27	<i>sildenafil (pulmonary arterial hypertension)</i>	101	<i>sulfacetamide sodium (acne)</i>	63
RHOPRESSA.....	97	<i>silver sulfadiazine</i>	62	<i>sulfacetamide-prednisolone</i> ..	96
<i>ribavirin</i>	11	SIMBRINZA.....	97	<i>sulfadiazine</i>	19
RIDAURA.....	88	<i>simvastatin</i>	59	<i>sulfamethoxazole-trimethoprim</i>	19
<i>rifabutin</i>	16	<i>sirolimus</i>	27	19
<i>rifampin</i>	16	SIRTURO.....	16	<i>sulfasalazine</i>	79
<i>riluzole</i>	67	SKYCLARYS.....	37	<i>sulindac</i>	41
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200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-927-6048 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

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Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-927-6048。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-927-6048. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-927-6048. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-927-6048. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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Sentara Medicare
P.O. Box 66189
Virginia Beach, VA 23466
sentarahealthplans.com

This abridged formulary was updated on **02/19/2025**. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.