

Sentara Community Complete (HMO D-SNP)
Sentara Community Complete Select (HMO D-SNP)

2024 Abridged Formulary (Partial List of Covered Drugs)

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

Formulary ID: **24542**, Version: **19**

This abridged formulary was updated on **11/19/2024**. 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), 8 a.m. – 8 p.m. 7 days a week from October 1 through March 31 and 8 a.m. – 8 p.m. Monday through Friday from April 1 through September 30, or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Important Message About What You Pay for Vaccines:

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 (HMO D-SNP) or Sentara Community Complete Select (HMO D-SNP).

This document includes a partial list of the drugs (formulary) for our plan which is current as of **12/01/2024**. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the <Sentara Community Complete> or <Sentara Community Complete Select> Abridged Formulary?

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.

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 (drug list) change?

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

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

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

information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the <Sentara Community Complete> or <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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **12/01/2024**. 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 Comprehensive 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 108. 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 cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Sentara Medicare requires you or your physician 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 explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 or 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 (that is, the cost of the OTC drugs does not count for the coverage gap).

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 him or her 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 or 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

For more information

For more detailed information about your Sentara Community Complete or 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 or 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 or 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 108.

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.

SSM: Senior Savings Model. This benefit only applies to <Sentara Medicare Value>. Please refer to Chapter 4 of our Evidence of Coverage for more information and determine if you are eligible for this benefit. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

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.

VBID: Value Based Insurance Design.

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</i>	1	NEDS
<i>caspofungin intravenous recon soln 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>itraconazole oral solution 10 mg/ml</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	1	MO; NEDS
<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

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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; MO; NEDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA; MO
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, 300 mg</i>	1	MO
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, 800 mg</i>	1	MO; 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
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	1	MO; NEDS
<i>efavirenz-lamivu-tenofov disop 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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	MO; NEDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days); NEDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days); NEDS
<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
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days); NEDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days); NEDS
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days); 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
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 per 180 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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<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
<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
<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 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	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

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
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NEDS
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 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 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; NEDS
<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; NEDS
<i>valganciclovir oral tablet 450 mg</i>	1	MO
VEMLIDY ORAL TABLET 25 MG	1	MO; 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
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
<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

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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 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
<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

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This drug list was last updated on 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral packet 1 gram</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	
<i>azithromycin oral tablet 250 mg, 500 mg, 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	QL (136 per 10 days); NEDS
DIFICID ORAL TABLET 200 MG	1	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	MO
<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; NEDS
<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

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Drug Name	Drug Tier	Requirements/Limits
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
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; NEDS
<i>linezolid oral tablet 600 mg</i>	1	MO
<i>mefloquine oral tablet 250 mg</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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, 250 mg</i>	1	MO
XIFAXAN ORAL TABLET 200 MG	1	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 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, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 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, 125 mg</i>	1	MO
<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
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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 1 gram/50 ml, 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
<i>moxifloxacin oral tablet 400 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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, 50 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>nitrofurantoin oral suspension 25 mg/5 ml</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 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, 4 MG, 5 MG	1	PA; LA; NEDS
<i>bexarotene oral capsule 75 mg</i>	1	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	1	PA; MO; NEDS
<i>bicalutamide oral tablet 50 mg</i>	1	MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (30 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; NEDS
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

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Drug Name	Drug Tier	Requirements/Limits
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	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
<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
<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
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
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
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<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); NEDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
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
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
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 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; 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; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; QL (60 per 30 days); NEDS
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; QL (28 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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<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 X 2), 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
LEUKERAN ORAL TABLET 2 MG	1	MO; NEDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; MO; NEDS
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 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
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

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Drug Name	Drug Tier	Requirements/Limits
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; 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; 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
<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

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Drug Name	Drug Tier	Requirements/Limits
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), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; 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
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
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200 MG	1	PA; 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; NEDS
SCSEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NEDS
SCSEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NEDS
SCSEMBLIX 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
TABLOID ORAL TABLET 40 MG	1	MO
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; MO
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

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Drug Name	Drug Tier	Requirements/Limits
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; NEDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 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
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

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Drug Name	Drug Tier	Requirements/Limits
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; 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 (60 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), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; 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
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

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
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
CELONTIN ORAL CAPSULE 300 MG	1	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	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)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA; LA; NEDS
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	1	PA; LA; 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

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Drug Name	Drug Tier	Requirements/Limits
<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 (60 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)
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 disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</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>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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; 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); NEDS
<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>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<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
<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; NEDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NEDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	MO
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	MO
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</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; NEDS
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO; LA; NEDS
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; LA; NEDS
<i>vigadrone oral tablet 500 mg</i>	1	PA; LA; NEDS
<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	MO; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	1	MO; QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	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	MO; QL (28 per 180 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
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; NEDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; QL (1080 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	
<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
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	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
<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)

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This drug list was last updated on 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	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>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO
<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)
<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)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (20 per 30 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

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 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 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, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	MO
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; 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
<i>galantamine oral solution 4 mg/ml</i>	1	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO
GILENYA ORAL CAPSULE 0.25 MG	1	PA; QL (30 per 30 days); NEDS
<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
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	1	PA; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days); NEDS
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA; MO
<i>memantine oral solution 2 mg/ml</i>	1	PA; MO
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO
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
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	MO
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
<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, 20 mg, 5 mg</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	MO; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	MO
<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
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	1	PA; MO; QL (60 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO
<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
<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-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	QL (240 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, 8 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; MO; QL (60 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 concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	MO; QL (900 per 30 days); NEDS
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	MO; QL (900 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, 15 mg, 200 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
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	1	MO; 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

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Drug Name	Drug Tier	Requirements/Limits
<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, 50 mg, 75 mg</i>	1	MO
<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
<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, 600 mg, 800 mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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, 500 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		
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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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, 15 mg</i>	1	MO; QL (60 per 30 days); NEDS
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
<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	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)

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 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>clonidine hcl oral tablet extended release 12 hr 0.1 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, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
<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
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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; 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)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	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 capsule, delayed release(dr/ec) 90 mg</i>	1	MO; QL (4 per 28 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

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Drug Name	Drug Tier	Requirements/Limits
<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	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
HETLIOZ ORAL CAPSULE 20 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
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)
<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, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<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
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	MO; QL (1 per 30 days); NEDS
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 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	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
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
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<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
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 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
<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, 200 mg, 400 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>sorine oral tablet 120 mg</i>	1	
<i>sorine oral tablet 160 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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, 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, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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)
EDARBI ORAL TABLET 40 MG, 80 MG	1	MO
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	
<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, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 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

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Drug Name	Drug Tier	Requirements/Limits
<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; NEDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; NEDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; 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
<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>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)

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Drug Name	Drug Tier	Requirements/Limits
<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>torseמיד 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>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 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
<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, 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		
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<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)
<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, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i>	1	MO
<i>heparin (porcine) injection solution 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 oral tablet 10 mg, 5 mg</i>	1	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	1	PA; MO; LA; NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; LA; NEDS
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; 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

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO
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)
<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, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	1	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</i>	1	MO
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; 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

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet 500 mg</i>	1	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
<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)
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)

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Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<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
<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	
<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
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
<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 100 MG/0.67 ML	1	PA; QL (1.34 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 %, 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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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>accutane 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>ivermectin topical cream 1 %</i>	1	MO; QL (60 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %, 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)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
TOPICAL ANTIFUNGALS		

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Drug Name	Drug Tier	Requirements/Limits
<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 topical cream 1 %</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream 2 %</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole 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>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	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>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	MO
<i>alclometasone topical ointment 0.05 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	MO
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO
<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 foam 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	MO; QL (118 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>clobetasol-emollient topical cream 0.05 %</i>	1	MO; QL (120 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
<i>desonide topical gel 0.05 %</i>	1	MO
<i>desonide topical lotion 0.05 %</i>	1	MO
<i>desonide topical ointment 0.05 %</i>	1	MO
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	MO
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone topical ointment 0.025 %</i>	1	MO
<i>fluocinolone topical solution 0.01 %</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel 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)

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO
<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>mometasone topical cream 0.1 %</i>	1	MO
<i>mometasone topical ointment 0.1 %</i>	1	MO
<i>mometasone topical solution 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.025 %, 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 0.1 %, 0.5 %</i>	1	
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		
ANOREXIANTS		
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 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
AURYXIA ORAL TABLET 210 MG IRON	1	PA; MO; NEDS
<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

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; 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
<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</i>	1	PA; MO; NEDS
<i>deferasirox oral tablet 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 piggyback 5 %</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; MO; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
JOENJA ORAL TABLET 70 MG	1	PA; QL (60 per 30 days); NEDS
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	ST; MO; QL (90 per 30 days)
<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
<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
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; 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>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (270 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; QL (60 per 30 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; 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; QL (180 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NEDS
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	MO; NEDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	MO
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline 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	
<i>triamcinolone acetone dental paste 0.1 %</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	MO
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetone 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

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Drug Name	Drug Tier	Requirements/Limits
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		
<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), 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), 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	MO

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Drug Name	Drug Tier	Requirements/Limits
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)
<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
GVOKE HYPOPEN 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

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Drug Name	Drug Tier	Requirements/Limits
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
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 INSULN 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

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
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
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	1	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	1	MO; QL (30 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
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	
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	1	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	1	MO
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
<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
<i>cinacalcet oral tablet 90 mg</i>	1	MO; 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; NEDS
ISTURISA ORAL TABLET 1 MG, 5 MG	1	PA; QL (120 per 30 days); NEDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; 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

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This drug list was last updated on 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
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
<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; 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/2.5 gram), 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	MO
<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, 1 mg</i>	1	PA; MO; NEDS
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D PA; MO
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; MO
<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 (150 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 (60 per 30 days); NEDS
CHENODAL ORAL TABLET 250 MG	1	PA; LA; NEDS
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
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
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	1	MO
<i>compro rectal suppository 25 mg</i>	1	MO
<i>constulose oral solution 10 gram/15 ml</i>	1	MO
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</i>	1	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D PA
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	
<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)

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Drug Name	Drug Tier	Requirements/Limits
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; 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	NEDS
<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
<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
MOTEGRITY ORAL TABLET 1 MG, 2 MG	1	ST; QL (30 per 30 days)
MOVANTI ^K 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>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	MO; QL (12 per 30 days); NEDS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	MO
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
TRULANCE ORAL TABLET 3 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	1	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
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
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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	B/D 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

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
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
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA
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	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	
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	
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D PA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	
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, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	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	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	

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

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO
GAUZE PADS 2 X 2	1	MO
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
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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 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<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)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	ST; 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)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days); NEDS
OTHER RHEUMATOLOGICALS		
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

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Drug Name	Drug Tier	Requirements/Limits
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	1	PA; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 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 PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (4 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
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

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NEDS
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days); NEDS
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	1	PA; MO; QL (1.6 per 180 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; MO; QL (1.2 per 180 days); NEDS
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days); NEDS
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	1	PA; MO; QL (1.6 per 28 days); NEDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; MO; QL (0.2 per 28 days); NEDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days); NEDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (1.6 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; NEDS
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
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

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, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.05 mg/24 hr</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	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	

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Drug Name	Drug Tier	Requirements/Limits
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
<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
<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>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<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.estradiol 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.estradiol 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 estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	MO
<i>syeda oral tablet 3-0.03 mg</i>	1	MO
<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	MO
<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

<i>AZASITE OPHTHALMIC (EYE) DROPS 1 %</i>	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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<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		

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This drug list was last updated on 11/19/20274.

Drug Name	Drug Tier	Requirements/Limits
<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
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	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
XDEMVY 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 %, 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
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %, 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

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Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<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
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	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 %, 0.5 %</i>	1	MO
<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		

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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; 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
ARNUIITY 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)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	PA; MO; QL (560 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<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; MO; NEDS
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
<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
<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)
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
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	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

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Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; QL (504 per 365 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-48 MCG	1	PA; MO; 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
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

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	MO
<i>flavoxate oral tablet 100 mg</i>	1	MO
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

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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	MO
<i>tropium 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
<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>silodosin oral capsule 4 mg, 8 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 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	MO; QL (360 per 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 148 INTRAVENOUS PARENTERAL SOLUTION	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
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet, chewable 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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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Qualified interpreters
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- If you need these services, contact:
 - Sentara Medicare Member Services
 - PO Box 66189, Virginia Beach, VA 23466
 - 757-552-7401 or toll free 1-877-552-7401
 - TTY Relay 1-800-828-1140 or 711

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Sentara Medicare
1557 Coordinator/Compliance
PO Box 66189
Virginia Beach, VA 23466
757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.

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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.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-927-6048. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-927-6048。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-927-6048. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-927-6048 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-927-6048 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-927-6048. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-927-6048. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-927-6048 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-927-6048. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

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.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-927-6048. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-927-6048. Ta usługa jest bezpłatna.

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PO Box 66189
Virginia Beach, VA 23466

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

This abridged formulary was updated on 11/19/2024. 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), 8 a.m. – 8 p.m. 7 days a week from October 1 through March 31 and 8 a.m. – 8 p.m. Monday through Friday from April 1 through September 30, or visit: sentarahealthplans.com/plans/medicare/prescription-drugs.