



Quartz Medicare Advantage (HMO) and Quartz Medicare Advantage Dual Eligible with Rx 2025 Formulary

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 25414, Version Number 8

This formulary was updated on 10/01/2024. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at QuartzBenefits.com/MedicareAdvantage.

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

When this drug list (formulary) refers to "we," "us," or "our," it means Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. When it refers to "plan" or "our plan," it means Quartz Medicare Advantage (HMO) and Quartz Medicare Advantage Dual Eligible with Rx.

This document includes a list of the drugs (formulary) for Medicare Advantage and Dual Eligible plans, which is current as of 10/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appear on the front and back cover pages.

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

What is the formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Quartz Medicare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [QuartzBenefits.com/2025MAFormulary](https://www.QuartzBenefits.com/2025MAFormulary).

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. You may find the most up-to-date formulary by visiting our website at [QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage). If we update our printed formulary with non-

maintenance formulary changes, we will send you a notice that includes this information.

How do I use the formulary?

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

1. Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

2. Alphabetical Listing

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

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking at the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appear on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

- You can ask a Quartz Champion for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

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

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

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

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at

1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit [medicare.gov](https://www.medicare.gov).

Quartz Medicare Advantage and Quartz Medicare Dual Eligible Formulary

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

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

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

How much do I pay for Part D medications?

The Initial coverage stage begins after you pay your deductible. Find the table that applies to the plan you are in. You pay the amounts shown in the table until you reach your out-of-pocket cost of **\$2,000**. After this, you enter the Catastrophic Stage of coverage which is when the plan pays the full cost for your covered Part D drugs and you pay nothing.

Payment definitions:

- Deductible is the amount you pay for drugs before our plan begins to play its share. It only applies to drugs on Tiers 3, 4, and 5.
- Copayment is a fixed amount you pay each time you fill a prescription.
- Coinsurance is a percentage of the total cost you pay each time you fill a prescription.

Aurora Health Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-order 90 to 100-day
		30-day	60-day	90 to 100-day	
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$5	\$10	\$12.50	\$12.50
Tier 3: Preferred Brand	Core D: \$325	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	Value D: \$300	33%	33%	33%	33%
Tier 5: Specialty	Elite D: \$275	29%	N/A	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0	\$0

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-100-day through retail or mail order

UW Health Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-order 90 to 100-day
		30-day	60-day	90 to 100-day	
Tier 1: Preferred Generic	\$0	\$5	\$10	\$12.50	\$12.50
Tier 2: Generic	\$0	\$15	\$30	\$37.50	\$37.50
Tier 3: Preferred Brand	Core D: \$200	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	Value D: \$200	33%	33%	33%	33%
Tier 5: Specialty	Elite D: \$175	30%	N/A	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0	\$0

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-100-day through retail or mail order

UW Health Illinois Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-order 90 to 100-day
		30-day	60-day	90 to 100-day	
Tier 1: Preferred Generic	\$0	\$5	\$10	\$12.50	\$12.50
Tier 2: Generic	\$0	\$15	\$30	\$37.50	\$37.50
Tier 3: Preferred Brand	Core D: \$225	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	Value D: \$225	33%	33%	33%	33%
Tier 5: Specialty	Elite D: \$200	30%	N/A	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0	\$0

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-100-day through retail or mail order

Gundersen Quartz Medicare Advantage (HMO) plans	Deductible	Retail			Mail-order 90 to 100-day
		30-day	60-day	90 to 100-day	
Tier 1: Preferred Generic	\$0	\$5	\$10	\$12.50	\$12.50
Tier 2: Generic	\$0	\$15	\$30	\$37.50	\$37.50
Tier 3: Preferred Brand	Core D: \$225 Value D: \$225 Elite D: \$200	25%	25%	25%	25%
Tier 4: Non-Preferred Drug		33%	33%	33%	33%
Tier 5: Specialty		Core D: 29% Value D: 30% Elite D: 30%	N/A	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0	\$0

Note: Insulin costs no more than \$35 for 30-day, \$70 for 60-day, \$105 for 90-100-day through retail or mail order

Quartz Medicare Advantage (HMO) Dual Eligible plans	Retail			Mail-Order 90 to 100-day
	30-day	60-day	90 to 100-day	
Extra Help Copay if you have LIS Level 3				
Generic drugs	\$0	\$0	\$0	\$0
Brand/Other drugs	\$0	\$0	\$0	\$0
Select Care drugs	\$0	\$0	\$0	\$0
Extra Help Copay if you have LIS Level 2				
Generic drugs	\$1.60	\$1.60	\$1.60	\$1.60
Brand/Other drugs	\$4.80	\$4.80	\$4.80	\$4.80
Select Care drugs	\$0	\$0	\$0	\$0
Extra Help Copay if you have LIS Level 1				
Generic drugs	\$4.90	\$4.90	\$4.90	\$4.90
Brand/Other drugs	\$12.15	\$12.15	\$12.15	\$12.15
Select Care drugs	\$0	\$0	\$0	\$0
Standard Part D Benefit – Does not receive Extra Help				
Generic and Brand/Other drugs	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance
Insulins	\$35	\$70	\$105	\$105
Select Care drugs	\$0	\$0	\$0	\$0

Legend		
Tier	Label	Description
1	Preferred Generic	Lower-cost, commonly used generic drugs
2	Generic	Many generic drugs.
3	Preferred Brand	Many common brand name drugs and some higher-cost generic drugs and insulin.
4	Non-Preferred Drug	Non-preferred brand and generic drugs.
5	Specialty	Unique and/or very high-cost brand and generic drugs.
6	Select Care Drugs	Many low cost meds that treat diabetes, high blood pressure, high cholesterol, osteoporosis, and other conditions.
Symbol	Description	Explanation
NEDS	Non-Extended Days' Supply	This drug is limited to a 30-day supply per fill.
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA B/D	Prior Authorization Restriction for Part B vs. Part D Determination	This drug may be eligible for payment under Medicare Part B, or Part D. You (or your provider) may be required to get authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) do not work for you.
ST NSO	Step Therapy Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you must first try other drugs(s) to treat your medical condition before we provide coverage for this drug. This drug may only be covered if the other drug(s) do not work for you.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium ER oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	3	
<i>EC-naproxen oral tablet delayed release 500 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	3	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin ER oral capsule extended release 75 mg</i>	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen DR oral tablet delayed release 500 mg</i>	4	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen oral tablet delayed release 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-acting		

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	
<i>methadone HCl intensol oral concentrate 10 mg/ml</i>	3	NEDS
<i>methadone HCl oral concentrate 10 mg/ml</i>	3	
<i>methadone HCl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	NEDS
<i>methadone HCl oral tablet 10 mg, 5 mg</i>	2	NEDS
<i>morphine sulfate ER oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	NEDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	NEDS
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	NEDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NEDS
<i>endocet oral tablet 5-325 mg</i>	2	NEDS
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	3	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NEDS
<i>hydromorphone HCl injection solution 2 mg/ml, 4 mg/ml</i>	4	
<i>hydromorphone HCl oral tablet 2 mg, 4 mg</i>	2	NEDS
<i>hydromorphone HCl oral tablet 8 mg</i>	4	
<i>hydromorphone HCl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml</i>	4	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	NEDS
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NEDS
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	NEDS
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	NEDS
<i>oxycodone HCl oral solution 5 mg/5ml</i>	3	NEDS
<i>oxycodone HCl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NEDS
<i>oxycodone HCl oral tablet 20 mg, 30 mg</i>	3	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NEDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	NEDS
<i>tramadol HCl oral tablet 50 mg</i>	1	NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NEDS
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)
<i>premium lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naltrexone HCl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NEDS
Opioid Dependence		
<i>buprenorphine HCl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine HCl-naloxone HCl sublingual film 12-3 mg, 4-1 mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine HCl-naloxone HCl sublingual film 2-0.5 mg, 8-2 mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine HCl-naloxone HCl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine HCl-naloxone HCl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
Opioid Reversal Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone HCl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone HCl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone HCl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naloxone HCl nasal liquid 4 mg/0.1ml</i>	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion HCl ER (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (360 ML per 365 days)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	4	QL (8.4 ML per 30 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA
<i>gentamicin sulfate external cream 0.1 %</i>	3	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	
HUMATIN ORAL CAPSULE 250 MG	5	NEDS
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	NEDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	4	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	4	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	NEDS
<i>clindacin etz external swab 1 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin HCl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate HCl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate external swab 1 %</i>	3	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	NEDS
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	NEDS
<i>daptomycin-NaCl intravenous solution 1000-0.9 mg/100ml-%, 700-0.9 mg/100ml-%</i>	4	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%	4	
IMPAVIDO ORAL CAPSULE 50 MG	5	NEDS
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 28 days); NEDS
<i>linezolid oral tablet 600 mg</i>	4	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet 1 gm</i>	4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin HCl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	3	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.75 GM, 2 GM	3	
<i>vancomycin HCl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin HCl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Beta-lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	4	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM, 3 GM	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefepime HCl injection solution reconstituted 1 gm</i>	4	
<i>cefepime HCl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	4	
<i>cefepime HCl intravenous solution reconstituted 100 gm, 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	3	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>tazicef injection solution reconstituted 1 gm</i>	3	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm</i>	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NEDS
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate ER oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	3	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	5	NEDS
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	3	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	3	
<i>clarithromycin ER oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
DIFICID ORAL TABLET 200 MG	5	NEDS
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		
<i>ciprofloxacin HCl oral tablet 100 mg</i>	3	
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	3	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	4	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin HCl in NaCl intravenous solution 400 mg/250ml</i>	4	
<i>moxifloxacin HCl oral tablet 400 mg</i>	3	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	5	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline HCl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline HCl oral capsule 100 mg, 50 mg, 75 mg</i>	3	
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline HCl oral capsule 250 mg, 500 mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA NSO; NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA NSO; NEDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NEDS
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NEDS
FYCOMPA ORAL TABLET 2 MG	4	
<i>lamotrigine ER oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 200 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>levetiracetam ER oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 EA per 30 days)
<i>roweepra oral tablet 500 mg</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	4	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
<i>methsuximide oral capsule 300 mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA NSO; NEDS
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA NSO; NEDS
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>divalproex sodium ER oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (150 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	4	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NEDS
SYMPAZAN ORAL FILM 5 MG	4	
<i>tiagabine HCl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	5	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet 500 mg</i>	5	PA NSO; NEDS
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; NEDS
<i>vigadrone oral packet 500 mg</i>	5	PA NSO; NEDS
<i>vigadrone oral tablet 500 mg</i>	5	PA NSO; NEDS
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA NSO; NEDS
<i>vigpoder oral packet 500 mg</i>	5	PA NSO; NEDS
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NEDS
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NEDS
<i>carbamazepine ER oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine ER oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>epitol oral tablet 200 mg</i>	3	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NEDS
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NEDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA NSO; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA NSO; NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	5	PA NSO; NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA NSO
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	PA NSO; NEDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST NSO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	ST; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil HCl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil HCl oral tablet 23 mg</i>	4	
<i>donepezil HCl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine HBr ER oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	
<i>galantamine HBr oral solution 4 mg/ml</i>	4	
<i>galantamine HBr oral tablet 12 mg, 4 mg, 8 mg</i>	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine HCl ER oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	QL (30 EA per 30 days)
<i>memantine HCl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST NSO; QL (60 EA per 30 days)
<i>bupropion HCl ER (SR) oral tablet extended release 12 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion HCl ER (SR) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion HCl ER (XL) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion HCl ER (XL) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion HCl oral tablet 100 mg, 75 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST NSO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram HBr oral solution 10 mg/5ml</i>	4	
<i>citalopram HBr oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate ER oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine succinate ER oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG, 60 MG	4	QL (90 EA per 30 days)
<i>duloxetine HCl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine HCl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	3	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST NSO; QL (56 EA per 365 days)
<i>fluoxetine HCl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine HCl oral solution 20 mg/5ml</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone HCl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine HCl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline HCl oral concentrate 20 mg/ml</i>	3	
<i>sertraline HCl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone HCl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine HCl ER oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine HCl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone HCl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline HCl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>clomipramine HCl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine HCl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin HCl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin HCl oral concentrate 10 mg/ml</i>	4	
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>nortriptyline HCl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline HCl oral solution 10 mg/5ml</i>	4	
<i>protriptyline HCl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro rectal suppository 25 mg</i>	4	
<i>meclizine HCl oral tablet 12.5 mg, 25 mg</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine HCl oral solution 6.25 mg/5ml</i>	3	
<i>promethazine HCl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine HCl rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	4	PA B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	PA B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	PA B/D; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	PA B/D; QL (8 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>ondansetron HCl oral solution 4 mg/5ml</i>	4	PA B/D; QL (450 ML per 30 days)
<i>ondansetron HCl oral tablet 4 mg, 8 mg</i>	1	PA B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	PA B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	PA B/D; NEDS
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	
<i>clotrimazole external cream 1 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	3	
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in NaCl intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NEDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
JUBLIA EXTERNAL SOLUTION 10 %	5	NEDS
<i>ketoconazole external cream 2 %</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>klayesta external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	3	
<i>nystop external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; NEDS
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; NEDS
<i>terbinafine HCl oral tablet 250 mg</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NEDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	NEDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	

Antigout Agents

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
<i>probenecid oral tablet 500 mg</i>	2	

Antimigraine Agents

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NEDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	5	PA; QL (30 EA per 30 days); NEDS
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 EA per 30 days); NEDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	QL (24 EA per 28 days)
Prophylactic		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan HCl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>cycloserine oral capsule 250 mg</i>	5	NEDS
<i>ethambutol HCl oral tablet 100 mg, 400 mg</i>	2	
ISONIAZID INJECTION SOLUTION 100 MG/ML	4	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NEDS
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin intravenous solution 100 mg/100ml</i>	4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	PA B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	NEDS
LEUKERAN ORAL TABLET 2 MG	5	NEDS
MATULANE ORAL CAPSULE 50 MG	5	NEDS
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA NSO
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA NSO; NEDS
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA NSO; NEDS
<i>flutamide oral capsule 125 mg</i>	3	
<i>nilutamide oral tablet 150 mg</i>	5	NEDS
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NEDS
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NEDS
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA NSO; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NEDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	QL (30 EA per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA NSO; NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NEDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	NEDS
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NEDS
TABLOID ORAL TABLET 40 MG	5	NEDS
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NEDS
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NEDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NEDS
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NEDS
LYSODREN ORAL TABLET 500 MG	5	NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	5	PA NSO; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; NEDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML	5	PA NSO; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA NSO; NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA NSO; NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NSO; NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NSO; NEDS
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NEDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NEDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	2	
Enzyme Inhibitors		
<i>topotecan HCl intravenous solution 4 mg/4ml</i>	5	NEDS
<i>topotecan HCl intravenous solution reconstituted 4 mg</i>	5	NEDS
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA NSO; NEDS
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA NSO; NEDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA NSO; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NEDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA NSO; NEDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NEDS
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NEDS
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NEDS
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NEDS
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA NSO; NEDS
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NEDS
<i>erlotinib HCl oral tablet 100 mg, 25 mg</i>	4	PA NSO
<i>erlotinib HCl oral tablet 150 mg</i>	5	PA NSO; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NEDS
EXKIVITY ORAL CAPSULE 40 MG	5	NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NEDS
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	PA NSO; NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NEDS
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA NSO; NEDS
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA NSO

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA NSO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA NSO; NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NEDS
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA NSO; NEDS
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA NSO; NEDS
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NEDS
JAKAFI ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NEDS
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NEDS
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NEDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA NSO; NEDS
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NEDS
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA NSO; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NEDS
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NEDS
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA NSO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NEDS
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA NSO; NEDS
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NEDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; QL (180 EA per 30 days); NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NEDS
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NEDS
<i>pazopanib HCl oral tablet 200 mg</i>	5	PA NSO; NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NEDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NEDS
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA NSO; NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NEDS
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NEDS
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA NSO; NEDS
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NEDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NEDS
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA NSO; NEDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NEDS
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; NEDS
TAGRISSE ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
TAGRISSE ORAL TABLET 80 MG	5	PA NSO; NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NEDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NEDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NEDS
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 EA per 30 days); NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NEDS
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NSO; NEDS
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA NSO; NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA NSO; NEDS
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NEDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NEDS
ZEJULA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA NSO; NEDS
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NEDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA NSO; NEDS
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA NSO; NEDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NEDS
PANRETIN EXTERNAL GEL 0.1 %	5	NEDS
<i>tretinoin oral capsule 10 mg</i>	5	NEDS
Treatment Adjuncts		
MESNEX ORAL TABLET 400 MG	5	NEDS
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	5	PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	2	PA
<i>praziquantel oral tablet 600 mg</i>	4	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil HCl oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	2	
<i>mefloquine HCl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	3	PA B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl HCl oral tablet 2 mg, 5 mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone oral tablet 200 mg</i>	3	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	4	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole HCl ER oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>ropinirole HCl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa ER oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline HCl oral capsule 5 mg</i>	3	
<i>selegiline HCl oral tablet 5 mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine HCl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine HCl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine HCl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine HCl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine HCl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone HCl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine HCl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine HCl oral tablet 1 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine HCl oral tablet 10 mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NEDS
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days); NEDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	NEDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA NSO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST NSO; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	ST NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NEDS
<i>lurasidone HCl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone HCl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST NSO; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NEDS
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NEDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone ER oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone ER oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NEDS
<i>quetiapine fumarate ER oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate ER oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 EA per 30 days); NEDS
<i>risperidone microspheres ER intramuscular suspension reconstituted ER 12.5 mg, 25 mg</i>	4	
<i>risperidone microspheres ER intramuscular suspension reconstituted ER 37.5 mg, 50 mg</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST NSO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	QL (14 EA per 365 days)
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	NEDS
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine HCl oral tablet 2 mg, 4 mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	2	PA B/D
LIVTENCITY ORAL TABLET 200 MG	5	NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	NEDS
<i>valganciclovir HCl oral solution reconstituted 50 mg/ml</i>	5	NEDS
<i>valganciclovir HCl oral tablet 450 mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (336 EA per 365 days); NEDS
<i>ribavirin oral tablet 200 mg</i>	3	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 365 days); NEDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (84 EA per 365 days); NEDS
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	PA B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>valacyclovir HCl oral tablet 1 gm, 500 mg</i>	3	QL (120 EA per 30 days)
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	5	PA; NEDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET 100 MG	5	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days); NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	5	NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days); NEDS
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days); NEDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	QL (90 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet 100 mg</i>	4	QL (60 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine ER oral tablet extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days)
<i>nevirapine ER oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days); NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days); NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days); NEDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	QL (180 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	QL (60 EA per 30 days); NEDS
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	3	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NEDS
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NEDS
SELZENTRY ORAL TABLET 25 MG	4	QL (480 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days); NEDS
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days); NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days); NEDS
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1800 ML per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days); NEDS
Anti-influenza Agents		
<i>amantadine HCl oral capsule 100 mg</i>	2	
<i>amantadine HCl oral solution 50 mg/5ml</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (240 EA per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone HCl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone HCl oral tablet 30 mg, 7.5 mg</i>	4	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	3	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	4	PA NSO
Mood Stabilizers		
<i>lithium carbonate ER oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	4	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	PA; QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	PA; QL (4.8 ML per 28 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	
<i>glipizide ER oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	
<i>glipizide XL oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	
<i>glipizide-metformin HCl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	3	PA; QL (9 ML per 30 days)
<i>metformin HCl ER oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	
<i>metformin HCl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	
<i>pioglitazone HCl oral tablet 15 mg, 30 mg, 45 mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone HCl-metformin HCl oral tablet 15-500 mg, 15-850 mg</i>	6	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
<i>diazoxide oral suspension 50 mg/ml</i>	5	NEDS
<i>glucagon emergency injection kit 1 mg</i>	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
Insulins		
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
<i>insulin lispro injection solution 100 unit/ml</i>	3	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
<i>anagrelide HCl oral capsule 0.5 mg, 1 mg</i>	3	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	PA; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; NEDS
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA; NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; NEDS
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	5	PA; NEDS
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NEDS
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	NEDS
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole ER oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; QL (30 EA per 30 days); NEDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA; NEDS
<i>prasugrel HCl oral tablet 10 mg, 5 mg</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NEDS
<i>guanfacine HCl oral tablet 1 mg, 2 mg</i>	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	
<i>midodrine HCl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin HCl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	
EDARBI ORAL TABLET 40 MG, 80 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril HCl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril HCl oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril HCl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmics		
<i>amiodarone HCl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone HCl oral tablet 200 mg</i>	1	
<i>digitek oral tablet 125 mcg, 250 mcg</i>	2	
<i>digoxin oral solution 0.05 mg/ml</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>digoxin oral tablet 62.5 mcg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine HCl oral capsule 150 mg</i>	3	
<i>mexiletine HCl oral capsule 200 mg, 250 mg</i>	4	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone HCl ER oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone HCl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	4	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol HCl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol HCl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol HCl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol HCl oral tablet 10 mg, 20 mg</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol HCl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate ER oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol HCl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	
<i>propranolol HCl ER oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol HCl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine ER oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
<i>nifedipine ER oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine ER osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia XT oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem HCl ER beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem HCl ER coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem HCl ER oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem HCl ER oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem HCl ER oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dilt-XR oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim LA oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>taztia XT oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt ER oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil HCl ER oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	3	
<i>verapamil HCl ER oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil HCl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine besy-benazepril HCl oral capsule 10- 20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10- 40 mg, 5-20 mg, 5-40 mg</i>	6	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50- 25 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	6	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40- 25 MG	4	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
<i>ivabradine HCl oral tablet 5 mg, 7.5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metyrosine oral capsule 250 mg</i>	5	PA; NEDS
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	
<i>pentoxifylline ER oral tablet extended release 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ranolazine ER oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	6	
<i>trandolapril-verapamil HCl ER oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	6	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days); NEDS
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
<i>amiloride HCl oral tablet 5 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	3	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>fluvastatin sodium ER oral tablet extended release 24 hour 80 mg</i>	4	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	4	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine light oral powder 4 gm/dose</i>	4	
<i>cholestyramine oral packet 4 gm</i>	3	
<i>cholestyramine oral powder 4 gm/dose</i>	3	
<i>colesevelam HCl oral tablet 625 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol HCl oral granules 5 gm</i>	4	
<i>colestipol HCl oral packet 5 gm</i>	4	
<i>colestipol HCl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
NEXLETOL ORAL TABLET 180 MG	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4	PA; QL (30 EA per 30 days)
<i>niacin ER (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 ML per 28 days)
<i>prevalite oral packet 4 gm</i>	4	
<i>prevalite oral powder 4 gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate ER oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydralazine HCl oral tablet 100 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine ER oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate ER oral capsule extended release 24 hour 5 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine HCl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine HCl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>guanfacine HCl ER oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	3	
<i>methylphenidate HCl ER (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl ER (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate HCl ER oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate HCl ER oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate HCl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate HCl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (90 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 EA per 365 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (84 EA per 365 days); NEDS
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (56 EA per 365 days); NEDS
NUDEXTA ORAL CAPSULE 20-10 MG	5	PA; NEDS
<i>riluzole oral tablet 50 mg</i>	4	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days); NEDS
<i>dalfampridine ER oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; QL (120 EA per 365 days)
<i>fingolimod HCl oral capsule 0.5 mg</i>	5	PA; QL (30 EA per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; QL (0.4 ML per 28 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 310 days); NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (18 EA per 310 days); NEDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days); NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days); NEDS
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	PA; QL (74 EA per 365 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (56 EA per 365 days); NEDS

Dental and Oral Agents

Dental and Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>fraiche 5000 dental dental gel 1.1 %</i>	2	
<i>kourzeq mouth/throat paste 0.1 %</i>	3	
<i>lidocaine viscous HCl mouth/throat solution 2 %</i>	2	
<i>oralone mouth/throat paste 0.1 %</i>	3	
<i>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	4	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	2	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	2	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	2	
<i>sodium fluoride dental cream 1.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride dental gel 1.1 %</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	4	
<i>azelaic acid external gel 15 %</i>	4	QL (100 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
FINACEA EXTERNAL FOAM 15 %	3	QL (50 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole external cream 0.75 %</i>	3	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>rosadan external cream 0.75 %</i>	3	
<i>rosadan external gel 0.75 %</i>	3	
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	3	PA
<i>tretinoin external cream 0.05 %</i>	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Dermatitis and Pruritus Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (6 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 ML per 28 days); NEDS
<i>ala-cort external cream 1 %</i>	2	
ALA-CORT EXTERNAL CREAM 2.5 %	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	3	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate external cream 0.05 %</i>	3	
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	3	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	3	
<i>desonide external cream 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	
<i>fluocinolone acetonide external solution 0.01 %</i>	3	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluocinonide external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	3	QL (60 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide external solution 0.05 %</i>	3	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	3	
<i>halobetasol propionate external ointment 0.05 %</i>	4	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	3	QL (60 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (4 ML per 28 days); NEDS
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm external cream 0.1 %, 0.5 %</i>	2	
Dermatological Agents, Other		
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	ST; QL (300 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days); NEDS
<i>podofilox external solution 0.5 %</i>	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>SSD external cream 1 %</i>	2	
<i>urea external lotion 40 %</i>	4	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	3	
Topical Anti-infectives		
<i>acyclovir external ointment 5 %</i>	4	QL (60 GM per 30 days)
<i>ciclodan external solution 8 %</i>	2	PA
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox external solution 8 %</i>	2	PA
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	3	
<i>clindamycin phosphate external lotion 1 %</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	3	
<i>erythromycin external solution 2 %</i>	2	
<i>mupirocin calcium external cream 2 %</i>	3	
<i>mupirocin external ointment 2 %</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4	PA B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	4	PA B/D
<i>carglumic acid oral tablet soluble 200 mg</i>	5	NEDS
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-NaCl intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
<i>effe-k oral tablet effervescent 25 meq</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	
<i>klor-con oral packet 20 meq</i>	4	
<i>klor-con oral tablet extended release 8 meq</i>	2	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	PA B/D
<i>potassium chloride crys ER oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride ER oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride ER oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate ER oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	5	NEDS
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NEDS
<i>penicillamine oral tablet 250 mg</i>	5	NEDS
<i>trientine HCl oral capsule 250 mg</i>	5	PA; NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	4	
<i>calcium acetate oral tablet 667 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
VELPHORO ORAL TABLET CHEWABLE 500 MG	5	NEDS
Potassium Binders		
KIONEX ORAL SUSPENSION 15 GM/60ML	3	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>SPS oral suspension 15 gm/60ml</i>	3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	4	
Vitamins		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	2	
<i>prenatal oral tablet 27-1 mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	5	ST; QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	ST; QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	ST; QL (12 ML per 30 days); NEDS
Anti-Diarrheal Agents		
<i>alosetron HCl oral tablet 0.5 mg</i>	4	PA
<i>alosetron HCl oral tablet 1 mg</i>	5	PA; NEDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>loperamide HCl oral capsule 2 mg</i>	2	
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
<i>dicyclomine HCl oral capsule 10 mg</i>	2	
<i>dicyclomine HCl oral solution 10 mg /5ml</i>	4	
<i>dicyclomine HCl oral tablet 20 mg</i>	2	
<i>glycopyrrolate injection solution 0.4 mg /2ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg , 2 mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML	3	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2	
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; QL (60 ML per 30 days); NEDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 ML per 30 days); NEDS
<i>metoclopramide HCl oral solution 5 mg /5ml</i>	2	
<i>metoclopramide HCl oral tablet 10 mg , 5 mg</i>	1	
<i>Na sulfate-K sulfate-Mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	3	
<i>nitroglycerin rectal ointment 0.4 %</i>	4	
<i>peg 3350-KCl-Na bicarb-NaCl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
SUTAB ORAL TABLET 1479-225-188 MG	3	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg , 500 mg</i>	3	
VOWST ORAL CAPSULE	5	PA; NEDS
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	5	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40 mg /5ml</i>	4	
<i>famotidine oral tablet 20 mg , 40 mg</i>	2	
<i>nizatidine oral capsule 150 mg , 300 mg</i>	4	
Protectants		

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

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg , 40 mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg , 30 mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg , 20 mg , 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg , 40 mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	NEDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NEDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg /5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days); NEDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5	PA; NEDS
<i>l-glutamine oral packet 5 gm</i>	5	PA; NEDS
<i>miglustat oral capsule 100 mg</i>	5	PA; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	NEDS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NEDS
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; QL (30 EA per 30 days); NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NEDS
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NEDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NEDS
<i>yargesa oral capsule 100 mg</i>	5	PA; NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	

Genitourinary Agents

Antispasmodics, Urinary

GELNIQUE TRANSDERMAL GEL 10 %	4	
GEMTESA ORAL TABLET 75 MG	4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride ER oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate ER oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	
<i>tropium chloride ER oral capsule extended release 24 hour 60 mg</i>	4	
<i>tropium chloride oral tablet 20 mg</i>	3	

Benign Prostatic Hypertrophy Agents

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

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin HCl ER oral tablet extended release 24 hour 10 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin HCl oral capsule 0.4 mg</i>	1	
<i>terazosin HCl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	5	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NEDS
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days); NEDS

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Androgens

<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PA

Estrogens

<i>altavera oral tablet 0.15-30 mg-mcg</i>	3	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	4	QL (91 EA per 91 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	3	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	4	QL (91 EA per 91 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>aviane oral tablet 0.1-20 mg-mcg</i>	3	
<i>azurette oral tablet 0.15-0.02/0.01 Mg (21/5)</i>	3	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	3	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	4	QL (91 EA per 91 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	3	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	3	
<i>dolishale oral tablet 90-20 mcg</i>	3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	3	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	3	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ESTRING VAGINAL RING 7.5 MCG/24HR	4	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	3	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	3	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	3	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>iclevia oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>introvale oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	3	
<i>jasmiel oral tablet 3-0.02 mg</i>	3	
<i>jinteli oral tablet 1-5 mg-mcg</i>	4	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	3	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	3	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	3	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	3	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	3	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	3	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	3	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	3	
<i>loryna oral tablet 3-0.02 mg</i>	3	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	3	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	3	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	3	
MENEST ORAL TABLET 2.5 MG	4	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	3	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	3	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	3	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>mili oral tablet 0.25-35 mg-mcg</i>	3	
<i>mimvey oral tablet 1-0.5 mg</i>	4	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>nikki oral tablet 3-0.02 mg</i>	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	3	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	3	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	3	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	3	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	3	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	3	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	3	
<i>ocella oral tablet 3-0.03 mg</i>	3	
<i>pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	3	
<i>rivelsa oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>setlakin oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	3	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	3	
<i>syeda oral tablet 3-0.03 mg</i>	3	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	3	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	3	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	3	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	3	
<i>vestura oral tablet 3-0.02 mg</i>	3	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	3	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	3	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	3	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>errin oral tablet 0.35 mg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	2	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 EA per 30 days)
<i>raloxifene HCl oral tablet 60 mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
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	2	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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	2	
<i>lithyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	4	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	
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	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA NSO; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA NSO; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA NSO; QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA NSO; QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; QL (1 EA per 112 days); NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; QL (1 EA per 168 days); NEDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5	PA; QL (1 EA per 28 days); NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA; QL (1 EA per 84 days); NEDS
<i>mifepristone oral tablet 200 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NEDS
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA NSO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA NSO; QL (1 EA per 168 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NEDS
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	5	PA; NEDS
CUVITRU SUBCUTANEOUS SOLUTION 8 GM/40ML	5	PA; NEDS
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML	5	PA; NEDS
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	4	PA B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA; NEDS
Immunological Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days); NEDS
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days); NEDS
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	5	PA; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (110 EA per 365 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (3 ML per 84 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; QL (3 ML per 84 days); NEDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 EA per 30 days); NEDS
VEOPOZ INJECTION SOLUTION 400 MG/2ML	5	PA; NEDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NEDS
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA NSO; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NEDS
Immunosuppressants		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (4 ML per 28 days); NEDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (4 ML per 28 days); NEDS
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NEDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	5	PA; QL (6 EA per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>	5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	PA B/D
<i>azathioprine oral tablet 50 mg</i>	2	PA B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	PA B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	PA B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	PA B/D
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NEDS
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA B/D; NEDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA B/D; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	PA B/D
<i>gengraf oral solution 100 mg/ml</i>	4	PA B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (4 ML per 28 days); NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (6 ML per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (4 ML per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (6 ML per 28 days); NEDS
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL (4 ML per 28 days); NEDS
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML	5	PA; QL (2 ML per 28 days); NEDS
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (4 ML per 28 days); NEDS
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	5	PA; QL (4 ML per 28 days); NEDS
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 ML per 365 days); NEDS
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	5	PA; QL (6 ML per 365 days); NEDS
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (6 ML per 365 days); NEDS
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NEDS
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	5	PA NSO; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	PA B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	PA B/D; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	PA B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	PA B/D
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NEDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	PA B/D
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NEDS
REZUROCK ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA B/D
<i>sirolimus oral solution 1 mg/ml</i>	4	PA B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	PA B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA NSO
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 900 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Ifu/0.5ml</i>	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	

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Drug Name	Drug Tier	Requirements/Limits
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA B/D
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	4	
<i>mesalamine ER oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine ER oral capsule extended release 500 mg</i>	4	QL (240 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	
<i>mesalamine rectal suppository 1000 mg</i>	4	
<i>mesalamine-cleanser rectal kit 4 gm</i>	4	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide ER oral tablet extended release 24 hour 9 mg</i>	5	NEDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
<i>procto-med hc external cream 2.5 %</i>	2	
<i>proctosol hc external cream 2.5 %</i>	2	
<i>proctozone-hc external cream 2.5 %</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	6	
<i>alendronate sodium oral tablet 70 mg</i>	6	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet HCl oral tablet 30 mg, 60 mg, 90 mg</i>	4	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; NEDS
<i>ibandronate sodium oral tablet 150 mg</i>	6	QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	NEDS
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	4	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml</i>	5	PA; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 EA per 30 days)
CVS GAUZE STERILE PAD 2"X2"	3	
ELLA ORAL TABLET 30 MG	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	QL (200 EA per 30 days)
GLOBAL ALCOHOL PREP EASE PAD 70 %	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA B/D
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	QL (10 EA per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 EA per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; QL (90 EA per 30 days); NEDS
<i>sodium chloride irrigation solution 0.9 %</i>	2	
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
VISTOGARD ORAL PACKET 10 GM	5	NEDS
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days); NEDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	QL (60 ML per 28 days); NEDS
<i>dorzolamide HCl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	3	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	3	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	4	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
Ophthalmic Anti-allergy Agents		

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Drug Name	Drug Tier	Requirements/Limits
azelastine HCl ophthalmic solution 0.05 %	2	
cromolyn sodium ophthalmic solution 4 %	1	
olopatadine HCl ophthalmic solution 0.1 %, 0.2 %	3	
Ophthalmic Anti-Infectives		
bacitracin ophthalmic ointment 500 unit/gm	4	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
ciprofloxacin HCl ophthalmic solution 0.3 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
gatifloxacin ophthalmic solution 0.5 %	4	
gentak ophthalmic ointment 0.3 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
levofloxacin ophthalmic solution 0.5 %	3	
moxifloxacin HCl ophthalmic solution 0.5 %	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
ofloxacin ophthalmic solution 0.3 %	2	
sulfacetamide sodium ophthalmic ointment 10 %	3	
sulfacetamide sodium ophthalmic solution 10 %	2	
tobramycin ophthalmic solution 0.3 %	1	
trifluridine ophthalmic solution 1 %	4	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	QL (10 ML per 42 days); NEDS
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Anti-inflammatory		
bromfenac sodium ophthalmic solution 0.07 %	4	QL (12 ML per 365 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	3	
diclofenac sodium ophthalmic solution 0.1 %	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3	
fluorometholone ophthalmic suspension 0.1 %	3	
flurbiprofen sodium ophthalmic solution 0.03 %	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.4 %	3	
ketorolac tromethamine ophthalmic solution 0.5 %	2	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	QL (20 GM per 365 days)
prednisolone acetate ophthalmic suspension 1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol HCl ophthalmic solution 0.5 %</i>	3	
<i>carteolol HCl ophthalmic solution 1 %</i>	2	
<i>levobunolol HCl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide ER oral capsule extended release 12 hour 500 mg</i>	3	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	4	
<i>dorzolamide HCl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine HCl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine HCl nasal solution 0.1 %, 0.15 %</i>	2	QL (60 ML per 30 days)
<i>cyproheptadine HCl oral tablet 4 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine HCl injection solution 50 mg/ml</i>	4	
<i>hydroxyzine HCl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	4	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	PA B/D; QL (120 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (21.2 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
Bronchodilators, Anticholinergic		

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

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA B/D; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	4	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	5	PA B/D; QL (90 ML per 30 days); NEDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate HFA inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate HFA inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate HFA inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	PA B/D; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	PA B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	PA B/D; QL (100 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	PA; QL (120 ML per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	PA B/D; QL (120 ML per 30 days)
<i>levalbuterol HCl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	4	PA B/D; QL (540 ML per 30 days)
<i>levalbuterol HCl inhalation nebulization solution 1.25 mg/0.5ml</i>	4	PA B/D; QL (90 EA per 30 days)
<i>levalbuterol HCl inhalation nebulization solution 1.25 mg/3ml</i>	4	PA B/D; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	QL (30 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA; NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG	5	QL (224 EA per 56 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA B/D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; QL (84 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	PA B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	PA
<i>theophylline ER oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline ER oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days); NEDS
<i>alyq oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days); NEDS
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (336 EA per 365 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	5	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; QL (270 ML per 30 days); NEDS
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NEDS
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NEDS
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA; NEDS
Respiratory Tract Agents, Other		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (24 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; QL (560 EA per 28 days); NEDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	PA B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days); NEDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>cyclobenzaprine HCl oral tablet 10 mg, 5 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate ER oral tablet extended release 12 hour 100 mg</i>	4	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate ER oral tablet extended release 12.5 mg, 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)

Wakefulness Promoting Agents

<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days); NEDS

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VELTASSA	62	XCOPRI.....	15	<i>zovia 1/35 (28)</i>	72
VENCLEXTA.....	28	XCOPRI (250 MG DAILY DOSE).....	15	ZTALMY.....	14
VENCLEXTA STARTING PACK.....	28	XCOPRI (350 MG DAILY DOSE).....	15	ZURZUVAE	16, 17
<i>venlafaxine HCl</i>	18	XDEMVI	87	ZYDELIG	29
<i>venlafaxine HCl ER</i>	18	XELJANZ.....	77	ZYKADIA	29
VENTAVIS	92	XELJANZ XR.....	77	ZYLET.....	86
VEOPOZ	77	XERMELO.....	62	ZYPREXA RELPREVV.....	34
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		XOFLUZA (40 MG DOSE).....	38		
		XOFLUZA (80 MG DOSE).....	38		

NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sexual orientation.

- We provide 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)
- We provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Success at (800) 362-3310.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, or sexual orientation, you can file a grievance with:

Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713
Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kristie Breunig, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

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

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



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 1-800-394-5566 (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 1-800-394-5566 (TTY: 711). 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 1-800-394-5566 (TTY: 711)。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 1-800-394-5566 (TTY:711)。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 1-800-394-5566 (TTY:711). 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 1-800-394-5566 (TTY: 711). 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 1-800-394-5566 (TTY: 711) 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 1-800-394-5566 (TTY: 711). 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 1-800-394-5566 (TTY: 711) 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 1-800-394-5566 (TTY:711). 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 1-800-394-5566 (TTY: 711) 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 1-800-394-5566 (TTY: 711) 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 1-800-394-5566 (TTY: 711). Un nostro incaricato che parla Italianovi 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 1-800-394-5566 (TTY: 711). 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 1-800-394-5566 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatnie 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 1-800-394-5566 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-394 5566 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



This formulary was updated on 10/01/2024. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at **QuartzBenefits.com/MedicareAdvantage**.

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