

PRESCRIPTION DRUGS FORMULARY 2



2026

MCS | Classicare_(HMO)

MCS Classicare

2026 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 26265. Version number 10

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30, or visit www.mcsclassicare.com

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Call Center for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare InteliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP).

This document includes Drug List (formulary) for our plan which is current as October 15, 2025 updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026 and from time to time during the year.

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What is the MCS Classicare 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 MCS Classicare 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. MCS Classicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MCS Classicare 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 change?

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

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 to the MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare InteliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) ’s formulary ?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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 MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare IntelliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) ’s formulary ?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 15, 2025. To get updated information about the drugs covered by MCS Classicare please contact us. Our contact information appears on the front and back cover pages. For non-maintenance mid-year formulary changes, all affected members will be notified by mail (at least 60 days before the change takes effect). In addition, an updated version of our printed formulary will be updated in the last week of the prior month, effective the first day of the month, and posted on our website at www.mcsclassicare.com.

How do I use Formulary?

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

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.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 142. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** MCS Classicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from MCS Classicare before you fill your prescriptions. If you don’t get approval, MCS Classicare may not cover the drug.
- **Quantity Limits:** For certain drugs, MCS Classicare limits the amount of the drug that MCS Classicare will cover. For example, MCS Classicare provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, MCS Classicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MCS Classicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MCS Classicare will then cover Drug B.

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

You can ask MCS Classicare 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 MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare InteliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) ’s 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 Customer Service Call Center and ask if your drug is covered.

If you learn that MCS Classicare does not cover your drug, you have two options:

- You can ask Customer Service Call Center for a list of similar drugs that are covered by MCS Classicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MCS Classicare.
- You can ask MCS Classicare 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 MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare InteliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) ’s formulary?

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

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

Generally, MCS Classicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse 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 90 days you are a member of our plan.

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

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

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy cannot be used to buy a non-Part D drug at an out of network pharmacy, unless you qualify for out of network access. For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan

For more information

For more detailed information about your MCS Classicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MCS Classicare, 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 day a week. TTY users should call 1-877-486-2048.Or, visit <http://www.medicare.gov>.

MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare InteliCare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) formulary

The formulary below provides coverage information about the drugs covered by MCS Classicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 142.

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

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

Abbreviations used in the formulary

(See Chapter 5, Section 4.2 “What kinds of restrictions”, of the Evidence of Coverage to learn which restrictions apply to your specific coverage.)

PA – Prior Authorization

QL – Quantity Limit - For certain drugs, MCS Classicare limits the amount of the drug that MCS Classicare will cover. This may be in addition to a standard one-month or three-month supply.

ST – Step Therapy

HRM - This medication is considered high risk for people aged 65 years and older.

EXCL – Excluded Drugs. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage.) In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. These drugs will only be available up to a 30-day supply for every fill.

LA – Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your Providers and Pharmacies Directory or call our Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30, or visit www.mcsclassicare.com.

FFQL – First Fill Quantity Limit. In order to provide you and your doctor with an opportunity to properly assess the effectiveness of a drug, only the first prescription fill will be covered for 30 days for some of the drugs available for a long-term supply.

NeDS – Non-Extended Day Supply. Drugs identified will not be available as an extended days’ supply. These drugs will only be available up to a 30-day supply for every fill.

MO – Mail Order. We provide coverage for some prescriptions through mail order pharmacy. For more information, call our Customer Service Call Center at 1-844-293-4761 from Monday through Friday from 8:00 a.m. to 8:00 p.m. (EST) and Saturdays from 9:00 a.m. to 5:00 p.m. (EST). TTY for people with hearing disabilities: 711.

PA BvsD - This prescription drug requires prior authorization and may be covered under our medical benefit. For more information, call Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to

March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit www.mcsclassicare.com.

	MCS Classicare Efectivo (HMO)				
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$5	\$10	\$15	\$10
4	Non-Preferred Drugs	\$15	\$30	\$45	\$30
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5

	MCS Classicare Essential (HMO-POS)				
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$0	\$0	\$0	\$0
4	Non-Preferred Drugs	\$0	\$0	\$0	\$0
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5

	MCS Classicare Estrella (HMO)				
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$4	\$8	\$12	\$8
4	Non-Preferred Drugs	\$14	\$28	\$42	\$28
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5

	MCS Classicare En Tu Hogar (HMO)				
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$5	\$10	\$15	\$10
4	Non-Preferred Drugs	\$15	\$30	\$45	\$30
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5	*A long-term supply is not available for drugs in tier 5

MCS Classicare Excede (HMO)					
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$0	\$0	\$0	\$0
4	Non-Preferred Drugs	\$0	\$0	\$0	\$0
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.

	MCS Classicare Firme (HMO)				
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$0	\$0	\$0	\$0
4	Non-Preferred Drugs	\$0	\$0	\$0	\$0
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.

MCS Classicare Hero (HMO)					
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$20	\$40	\$60	\$40
4	Non-Preferred Drugs	\$40	\$80	\$120	\$80
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.

MCS Classicare InteliCare (HMO)					
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$0	\$0	\$0	\$0
4	Non-Preferred Drugs	\$0	\$0	\$0	\$0
5	Specialty Tier	25%	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.

MCS Classicare MA-PD Group (HMO-POS)					
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	See chapter 6, “What you pay for your part D prescription drugs” of the Evidence of Coverage for specific cost-sharing for your group. *A long-term supply (60 and 90 days) is not available for drugs in tier 5. Mail Order is not available for drugs in tier 5- specialty drugs.			
2	Generic				
3	Preferred Brand				
4	Non-Preferred Drugs				
5	Specialty Tier				

MCS Classicare Primero (HMO C - SNP)					
Tier	Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 days)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
1	Preferred Generic	\$0	\$0	\$0	\$0
2	Generic	\$0	\$0	\$0	\$0
3	Preferred Brand	\$0	\$0	\$0	\$0
4	Non-Preferred Drugs	\$10	\$20	\$30	\$20
5	Specialty Tier	33%	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.	*A long-term supply is not available for drugs in tier 5.

List of Covered Drugs

DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ANALGESICS			
ANALGESICS, MISCELLANEOUS			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		2	QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		2	QL (390 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>		2	QL (180 per 30 days); NEDS
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		2	PA; HRM; QL (180 per 30 days); NEDS
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	2	PA; HRM; QL (180 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 15 MG		1	QL (720 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 30 MG		1	QL (360 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 60 MG		1	QL (180 per 30 days); NEDS
<i>endocet oral tablet 10-325 mg</i>	Endocet	2	QL (180 per 30 days); NEDS
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	2	QL (360 per 30 days); NEDS
<i>endocet oral tablet 7.5-325 mg</i>	Endocet	2	QL (240 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		2	QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>		2	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		2	QL (3600 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		2	QL (180 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		2	QL (360 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>		2	QL (240 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		2	QL (150 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	2	QL (960 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilaudid	2	QL (480 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	2	QL (90 per 30 days); NEDS
JOURNAVX ORAL TABLET 50 MG		4	ST; QL (28 per 14 days); NEDS
METHADONE HCL ORAL SOLUTION 5 MG/5ML		2	QL (3600 per 30 days); NEDS
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		2	QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	QL (180 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg</i>		2	QL (120 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	2	QL (180 per 30 days); NEDS
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML		2	QL (2700 per 30 days); NEDS
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML		2	QL (1350 per 30 days); NEDS
MORPHINE SULFATE ORAL TABLET 15 MG		2	QL (360 per 30 days); NEDS
MORPHINE SULFATE ORAL TABLET 30 MG		2	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral capsule 5 mg</i>		2	QL (720 per 30 days); NEDS
<i>oxycodone hcl oral tablet 10 mg</i>		2	QL (360 per 30 days); NEDS
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	2	QL (240 per 30 days); NEDS
<i>oxycodone hcl oral tablet 20 mg</i>		2	QL (180 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	2	QL (60 per 30 days); NEDS
<i>oxycodone hcl oral tablet 5 mg</i>		2	QL (720 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	2	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	2	QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	2	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		2	QL (240 per 30 days); NEDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	2	ST; MO; QL (60 per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	Flector	2	PA; NEDS
<i>diclofenac potassium oral tablet 50 mg</i>		2	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		1	MO
<i>diclofenac sodium external gel 3 %</i>		4	QL (1000 per 30 days); NEDS
<i>diclofenac sodium external solution 1.5 %</i>		4	QL (300 per 30 days); NEDS
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		2	MO
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	2	MO
<i>diflunisal oral tablet 500 mg</i>		2	MO
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		2	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>		2	MO
<i>etodolac oral tablet 400 mg</i>	Lodine	2	MO
<i>etodolac oral tablet 500 mg</i>		2	MO
<i>flurbiprofen oral tablet 100 mg</i>	Lurbiro	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	IBU	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>		2	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>		2	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>		2	QL (20 per 5 days); NEDS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		1	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	EC-Naprosyn	1	MO
<i>naproxen oral tablet 250 mg, 375 mg</i>		1	MO
<i>naproxen oral tablet 500 mg</i>	Naprosyn	1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	1	MO
<i>naproxen oral tablet delayed release 500 mg</i>	EC-Naprosyn	1	MO
<i>naproxen sodium oral tablet 275 mg</i>		2	MO
<i>naproxen sodium oral tablet 550 mg</i>	Anaprox DS	2	MO
<i>oxaprozin oral tablet 600 mg</i>		2	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>		2	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>		1	MO

ANESTHETICS

LOCAL ANESTHETICS

<i>APRIZIO PAK II EXTERNAL KIT 2.5-2.5 %</i>		2	PA; QL (30 per 30 days); NEDS
<i>EMPRICAINE-II EXTERNAL KIT 2.5-2.5 %</i>		2	PA; QL (30 per 30 days); NEDS
<i>lidocaine external ointment 5 %</i>		2	PA; QL (50 per 30 days); NEDS
<i>lidocaine external patch 5 %</i>	Lidocan	4	QL (90 per 30 days); NEDS
<i>lidocaine hcl external solution 4 %</i>		2	PA; NEDS
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		2	PA; QL (30 per 30 days); NEDS
NUVAKAAN-II EXTERNAL KIT 2.5-2.5 %		2	PA; QL (30 per 30 days); NEDS
PRIZOPAK II EXTERNAL KIT 2.5-2.5 %		2	PA; QL (30 per 30 days); NEDS
ANTI- ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
ANTI- ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		4	MO; FFQL
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		2	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Suboxone	2	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		2	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		2	QL (60 per 30 days); NEDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>		2	MO
KLOXXADO NASAL LIQUID 8 MG/0.1ML		4	QL (4 per 30 days); NEDS
<i>naloxone hcl injection solution 0.4 mg/ml</i>		1	NEDS
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		1	NEDS
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>		2	NEDS
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		1	NEDS
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	2	NEDS
<i>naltrexone hcl oral tablet 50 mg</i>		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
NICOTROL NS NASAL SOLUTION 10 MG/ML		4	NEDS
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>		4	QL (53 per 28 days); NEDS
<i>varenicline tartrate oral tablet 0.5 mg</i>		4	QL (56 per 28 days); NEDS
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	Chantix	4	QL (56 per 28 days); NEDS
ANTI-ANXIETY AGENTS			
BENZODIAZEPINES			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Xanax	1	PA; HRM; QL (120 per 30 days); NEDS
<i>alprazolam oral tablet 2 mg</i>	Xanax	1	PA; HRM; QL (150 per 30 days); NEDS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		2	PA; HRM; NEDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	KlonoPIN	1	PA; HRM; QL (90 per 30 days); NEDS
<i>clonazepam oral tablet 2 mg</i>	KlonoPIN	1	PA; HRM; QL (300 per 30 days); NEDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>		2	PA; HRM; QL (90 per 30 days); NEDS
<i>clonazepam oral tablet dispersible 2 mg</i>		2	PA; HRM; QL (300 per 30 days); NEDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		2	PA; HRM; QL (180 per 30 days); NEDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>		2	PA; HRM; QL (240 per 30 days); NEDS
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; HRM; QL (1200 per 30 days); NEDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	1	PA; HRM; QL (120 per 30 days); NEDS
<i>estazolam oral tablet 1 mg, 2 mg</i>		2	PA; HRM; QL (30 per 30 days); NEDS
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	LORazepam Intensol	2	PA; HRM; QL (180 per 30 days); NEDS
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	2	PA; HRM; QL (180 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	1	PA; HRM; QL (120 per 30 days); NEDS
<i>meprobamate oral tablet 200 mg, 400 mg</i>		2	NEDS
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>		1	NEDS
<i>midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml</i>		1	NEDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Restoril	2	PA; HRM; QL (30 per 30 days); NEDS
ANTIBACTERIALS			
AMINOGLYCOSIDES			
<i>amikacin sulfate injection solution 500 mg/2ml</i>		2	NEDS
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	PA; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>		2	NEDS
<i>gentamicin sulfate injection solution 40 mg/ml</i>		1	NEDS
<i>neomycin sulfate oral tablet 500 mg</i>		2	NEDS
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		2	NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG		5	PA; QL (224 per 28 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	5	PA-BvsD; QL (280 per 56 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>		4	PA-BvsD; NEDS
ANTIBACTERIALS, MISCELLANEOUS			
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	1	NEDS
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	2	NEDS
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 900 mg/50ml</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 600 MG/50ML		2	NEDS
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 600-0.9 MG/50ML-%		2	NEDS
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Cleocin Phosphate	2	PA-BvsD; NEDS
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Coly-Mycin M	2	PA-BvsD; NEDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		5	NEDS
<i>daptomycin intravenous solution reconstituted 500 mg</i>		5	NEDS
<i>fosfomycin tromethamine oral packet 3 gm</i>		2	NEDS
<i>linezolid intravenous solution 600 mg/300ml</i>	Zyvox	4	PA-BvsD; NEDS
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	5	PA; QL (1800 per 30 days); NEDS
<i>linezolid oral tablet 600 mg</i>	Zyvox	4	PA; QL (60 per 30 days); NEDS
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	2	NEDS
<i>metronidazole intravenous solution 500 mg/100ml</i>		2	PA-BvsD; NEDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	NEDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	2	QL (60 per 30 days); NEDS
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	2	QL (60 per 30 days); NEDS
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		2	NEDS
<i>trimethoprim oral tablet 100 mg</i>		1	NEDS
<i>vancomycin hcl intravenous solution reconstituted 1 gm</i>		4	NEDS
<i>vancomycin hcl oral capsule 125 mg</i>	Vancocin	4	QL (300 per 30 days); NEDS
<i>vancomycin hcl oral capsule 250 mg</i>	Vancocin	4	QL (170 per 30 days); NEDS
XIFAXAN ORAL TABLET 200 MG		4	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
XIFAXAN ORAL TABLET 550 MG		5	NEDS
CEPHALOSPORINS			
<i>cefaclor oral capsule 250 mg, 500 mg</i>		2	NEDS
<i>cefadroxil oral capsule 500 mg</i>		1	NEDS
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		2	NEDS
<i>cefadroxil oral tablet 1 gm</i>		2	NEDS
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>		2	NEDS
<i>cefdinir oral capsule 300 mg</i>		2	NEDS
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	NEDS
<i>cefepime hcl injection solution reconstituted 1 gm</i>		4	NEDS
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>		4	NEDS
<i>cefixime oral capsule 400 mg</i>		2	NEDS
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		2	NEDS
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		4	PA-BvsD; NEDS
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		1	NEDS
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		2	NEDS
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	NEDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>		2	NEDS
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tazicef	4	NEDS
<i>ceftazidime injection solution reconstituted 6 gm</i>		4	NEDS
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tazicef	4	NEDS
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>		2	NEDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		2	NEDS
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>		2	PA-BvsD; NEDS
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		2	PA-BvsD; NEDS
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	NEDS
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	NEDS
<i>cephalexin oral tablet 250 mg, 500 mg</i>		2	NEDS
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	PA-BvsD; NEDS
MACROLIDES			
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Zithromax	2	PA-BvsD; NEDS
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	2	NEDS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	Zithromax	1	NEDS
<i>azithromycin oral tablet 600 mg</i>		2	NEDS
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		2	NEDS
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		4	NEDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		2	NEDS
DIFICID ORAL TABLET 200 MG		5	ST; QL (20 per 10 days); NEDS
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		2	NEDS
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		2	NEDS
<i>erythromycin base oral tablet delayed release 250 mg</i>	Ery-Tab	2	NEDS
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	2	NEDS
MISCELLANEOUS B-LACTAM ANTIBIOTICS			
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Azactam	4	NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; NEDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>		4	NEDS
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		4	NEDS
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	Primaxin IV	4	NEDS
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>		2	NEDS
PENICILLINS			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1	NEDS
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		1	NEDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1	NEDS
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		1	NEDS
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		4	NEDS
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		2	NEDS
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	2	NEDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		2	NEDS
<i>ampicillin oral capsule 500 mg</i>		1	NEDS
<i>ampicillin sodium injection solution reconstituted 1 gm</i>		2	PA-BvsD; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Unasyn	4	NEDS
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Unasyn	4	NEDS
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		4	NEDS
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	NEDS
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		2	NEDS
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		4	NEDS
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>		4	NEDS
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Pfizerpen	4	PA-BvsD; NEDS
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		4	PA-BvsD; NEDS
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	NEDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		1	NEDS
<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	NEDS
QUINOLONES			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	1	NEDS
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	NEDS
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		2	PA-BvsD; NEDS
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		2	NEDS
<i>levofloxacin oral solution 25 mg/ml</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		2	NEDS
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		4	NEDS
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML		4	NEDS
<i>moxifloxacin hcl oral tablet 400 mg</i>		2	NEDS
<i>ofloxacin oral tablet 400 mg</i>		2	NEDS
SULFONAMIDES			
<i>sulfadiazine oral tablet 500 mg</i>		4	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	2	NEDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	1	NEDS
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	1	NEDS
TETRACYCLINES			
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		2	NEDS
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	Doxy 100	4	PA-BvsD; NEDS
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Doxy 100	2	PA-BvsD; NEDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		2	NEDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	NEDS
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxylene NL	1	NEDS
<i>doxycycline monohydrate oral capsule 50 mg</i>		1	NEDS
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		2	NEDS
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		1	NEDS
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		2	NEDS
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		2	NEDS
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		4	PA-BvsD; NEDS
ANTICANCER AGENTS			
ANTICANCER AGENTS			
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	4	PA; QL (120 per 30 days); NEDS
<i>abiraterone acetate oral tablet 500 mg</i>	Zytiga	4	PA; QL (60 per 30 days); NEDS
<i>abirtega oral tablet 250 mg</i>	Abirtega	2	PA; QL (120 per 30 days); NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG		5	PA; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG		5	PA; QL (120 per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA; NEDS
<i>anastrozole oral tablet 1 mg</i>	Arimidex	1	MO
AUGTYRO ORAL CAPSULE 160 MG		5	PA; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG		5	PA; QL (240 per 30 days); NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		5	PA; NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA; QL (30 per 30 days); NEDS
BALVERSA ORAL TABLET 3 MG		5	PA; QL (90 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
BALVERSA ORAL TABLET 4 MG		5	PA; QL (60 per 30 days); NEDS
BALVERSA ORAL TABLET 5 MG		5	PA; QL (30 per 30 days); NEDS
<i>bexarotene external gel 1 %</i>	Targretin	5	PA; NEDS
<i>bexarotene oral capsule 75 mg</i>	Targretin	5	PA; NEDS
<i>bicalutamide oral tablet 50 mg</i>	Casodex	1	NEDS
BOSULIF ORAL CAPSULE 100 MG		5	PA; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG		5	PA; QL (30 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG		5	PA; QL (120 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG		5	PA; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG		5	PA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG		5	PA; QL (120 per 30 days); NEDS
BRUKINSA ORAL TABLET 160 MG		5	PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 60 MG		5	PA; QL (30 per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG		5	PA; QL (60 per 30 days); NEDS
CALQUENCE ORAL TABLET 100 MG		5	PA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG		5	PA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG		5	PA; QL (30 per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		5	PA; QL (60 per 30 days); NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		5	PA; QL (120 per 30 days); NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA; QL (90 per 30 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA; QL (56 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
COTELLIC ORAL TABLET 20 MG		5	PA; QL (63 per 28 days); NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG		4	PA-BvsD; NEDS
<i>cyclophosphamide oral capsule 50 mg</i>		4	PA-BvsD; NEDS
<i>cyclophosphamide oral tablet 25 mg</i>		2	PA-BvsD; NEDS
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		2	PA-BvsD; NEDS
DANZITEN ORAL TABLET 71 MG, 95 MG		5	PA; QL (112 per 28 days); NEDS
<i>dasatinib oral tablet 100 mg, 50 mg, 70 mg</i>	Phyrago	5	PA; QL (60 per 30 days); NEDS
<i>dasatinib oral tablet 140 mg</i>	Phyrago	5	PA; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg</i>	Phyrago	5	PA; QL (90 per 30 days); NEDS
<i>dasatinib oral tablet 80 mg</i>	Sprycel	5	PA; QL (60 per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG		5	PA; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG		5	PA; QL (60 per 30 days); NEDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG		4	PA; QL (1 per 90 days)
ELIGARD SUBCUTANEOUS KIT 30 MG		4	PA; QL (1 per 120 days)
ELIGARD SUBCUTANEOUS KIT 45 MG		4	PA; QL (1 per 180 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG		4	PA; QL (1 per 30 days); NEDS
ERIVEDGE ORAL CAPSULE 150 MG		5	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG		5	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG		5	PA; QL (90 per 30 days); NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	5	PA; QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erlotinib hcl oral tablet 150 mg</i>		5	PA; QL (90 per 30 days); NEDS
<i>erlotinib hcl oral tablet 25 mg</i>		5	PA; QL (60 per 30 days); NEDS
EULEXIN ORAL CAPSULE 125 MG		5	PA; NEDS
<i>everolimus oral tablet 10 mg, 5 mg, 7.5 mg</i>	Afinitor	5	PA; QL (30 per 30 days); NEDS
<i>everolimus oral tablet 2.5 mg</i>	Afinitor	5	PA; QL (60 per 30 days); NEDS
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	Afinitor Disperz	5	PA; QL (30 per 30 days); NEDS
<i>everolimus oral tablet soluble 5 mg</i>	Afinitor Disperz	5	PA; QL (60 per 30 days); NEDS
<i>exemestane oral tablet 25 mg</i>	Aromasin	2	MO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	PA; QL (2 per 28 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		4	PA; QL (1 per 28 days); NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG		5	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG		5	PA; QL (21 per 28 days); NEDS
GAVRETO ORAL CAPSULE 100 MG		5	PA; QL (120 per 30 days); NEDS
<i>gefitinib oral tablet 250 mg</i>	Iressa	5	PA; QL (60 per 30 days); NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA; QL (30 per 30 days); NEDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG		4	NEDS
GLEOSTINE ORAL CAPSULE 100 MG		5	NEDS
GOMEKLI ORAL CAPSULE 1 MG		5	PA; QL (224 per 28 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG		5	PA; QL (112 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
GOMEKLI ORAL TABLET SOLUBLE 1 MG		5	PA; QL (224 per 28 days); NEDS
HERNEXEOS ORAL TABLET 60 MG		5	PA; QL (90 per 30 days); NEDS
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	1	NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA; QL (21 per 28 days); NEDS
IBTROZI ORAL CAPSULE 200 MG		5	PA; QL (90 per 30 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		5	PA; QL (30 per 30 days); NEDS
ICLUSIG ORAL TABLET 15 MG		5	PA; QL (60 per 30 days); NEDS
IDHIFA ORAL TABLET 100 MG		5	PA; QL (30 per 30 days); NEDS
IDHIFA ORAL TABLET 50 MG		5	PA; QL (60 per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	2	PA; QL (90 per 30 days); NEDS
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	5	PA; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG		5	PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG		5	PA; QL (28 per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML		5	PA; QL (216 per 27 days); NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		5	PA; QL (28 per 28 days); NEDS
IMKELDI ORAL SOLUTION 80 MG/ML		5	PA; QL (280 per 28 days); NEDS
INLYTA ORAL TABLET 1 MG		5	PA; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG		5	PA; QL (120 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
INQOVI ORAL TABLET 35-100 MG		5	PA; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE 100 MG		5	PA; QL (120 per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG		5	PA; QL (60 per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG		5	PA; QL (30 per 30 days); NEDS
IWILFIN ORAL TABLET 192 MG		5	PA; QL (240 per 30 days); NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG		5	PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG		5	PA; QL (30 per 30 days); NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML		4	PA-BvsD; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (21 per 28 days); NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (42 per 28 days); NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (63 per 28 days); NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (49 per 28 days); NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (70 per 28 days); NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (91 per 28 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG		5	PA; QL (300 per 30 days); NEDS
KOSELUGO ORAL CAPSULE 25 MG		5	PA; QL (120 per 30 days); NEDS
KRAZATI ORAL TABLET 200 MG		5	PA; QL (180 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	5	PA; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG, 80 MG		5	PA; QL (60 per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	5	PA; QL (28 per 28 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		5	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		5	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		5	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		5	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		5	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		5	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		5	PA; NEDS
<i>letrozole oral tablet 2.5 mg</i>	Femara	1	MO
LEUKERAN ORAL TABLET 2 MG		5	PA; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG		2	PA; QL (1 per 90 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		4	PA; NEDS
LONSURF ORAL TABLET 15-6.14 MG		5	PA; QL (100 per 28 days); NEDS
LONSURF ORAL TABLET 20-8.19 MG		5	PA; QL (80 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
LORBRENA ORAL TABLET 100 MG		5	PA; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG		5	PA; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG		5	PA; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG		5	PA; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG		5	PA; QL (90 per 30 days); NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		5	PA; QL (1 per 30 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		5	PA; QL (1 per 90 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA; QL (1 per 120 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA; QL (1 per 180 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG		4	PA; QL (1 per 90 days); NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG		5	NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; QL (90 per 30 days); NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; QL (120 per 30 days); NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; QL (150 per 30 days); NEDS
MATULANE ORAL CAPSULE 50 MG		5	PA; NEDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		1	PA; HRM; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		5	PA; QL (1260 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
MEKINIST ORAL TABLET 0.5 MG		5	PA; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG		5	PA; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG		5	PA; QL (180 per 30 days); NEDS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Purixan	5	PA; NEDS
<i>mercaptopurine oral tablet 50 mg</i>		2	NEDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>		1	PA-BvsD; NEDS
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		1	PA-BvsD; NEDS
<i>methotrexate sodium oral tablet 2.5 mg</i>		2	NEDS
MODEYSO ORAL CAPSULE 125 MG		5	PA; QL (20 per 28 days); NEDS
NERLYNX ORAL TABLET 40 MG		5	PA; QL (180 per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>	Nilandron	5	QL (60 per 30 days); NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG		5	PA; QL (120 per 30 days); NEDS
ODOMZO ORAL CAPSULE 200 MG		5	PA; NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG		5	PA; QL (56 per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG		5	PA; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		5	PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)		5	PA; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA; QL (30 per 30 days); NEDS
ONUREG ORAL TABLET 200 MG, 300 MG		5	PA; QL (14 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ORSERDU ORAL TABLET 345 MG		5	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG		5	PA; QL (90 per 30 days); NEDS
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	5	PA; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		5	PA; QL (30 per 30 days); NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (28 per 28 days); NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA; QL (56 per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA; QL (56 per 28 days); NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA; QL (21 per 28 days); NEDS
QINLOCK ORAL TABLET 50 MG		5	PA; QL (90 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG		5	PA; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG		5	PA; QL (180 per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG		5	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG		5	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG		5	PA; QL (60 per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG		5	PA; QL (240 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG		5	PA; QL (60 per 30 days); NEDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		5	PA; QL (8 per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG		5	PA; QL (180 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ROZLYTREK ORAL CAPSULE 200 MG		5	PA; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PACKET 50 MG		5	PA; QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA; QL (120 per 30 days); NEDS
RYDAPT ORAL CAPSULE 25 MG		5	PA; QL (224 per 28 days); NEDS
SCEMBLIX ORAL TABLET 100 MG		5	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG		5	PA; QL (60 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG		5	PA; QL (300 per 30 days); NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	PA; NEDS
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	5	PA; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG		5	PA; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	5	PA; QL (28 per 28 days); NEDS
TABLOID ORAL TABLET 40 MG		5	PA; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG		5	PA; QL (120 per 30 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG		5	PA; QL (900 per 30 days); NEDS
TAGRISSE ORAL TABLET 40 MG, 80 MG		5	PA; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA; QL (30 per 30 days); NEDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		5	PA; QL (120 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
TAZVERIK ORAL TABLET 200 MG		5	PA; QL (240 per 30 days); NEDS
TEPMETKO ORAL TABLET 225 MG		5	PA; QL (60 per 30 days); NEDS
TIBSOVO ORAL TABLET 250 MG		5	PA; QL (60 per 30 days); NEDS
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	5	PA; NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG		4	PA; QL (1 per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG		4	PA; QL (1 per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG		4	PA; QL (1 per 28 days); NEDS
<i>tretinoin oral capsule 10 mg</i>		5	NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG		5	PA; QL (64 per 28 days); NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG		5	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG, 50 MG		5	PA; QL (120 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG		5	PA; QL (120 per 30 days); NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		5	PA; QL (56 per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG		3	PA; QL (60 per 30 days); NEDS
VENCLEXTA ORAL TABLET 100 MG		5	PA; QL (180 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG		5	PA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA; QL (56 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
VITRAKVI ORAL CAPSULE 100 MG		5	PA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG		5	PA; QL (90 per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA; QL (600 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		5	PA; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG		5	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG, 40 MG		5	PA; NEDS
WELIREG ORAL TABLET 40 MG		5	PA; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA; QL (120 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG		5	PA; QL (180 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG		5	PA; QL (240 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG		5	PA; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA-BvsD; NEDS
XOSPATA ORAL TABLET 40 MG		5	PA; QL (90 per 30 days); NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		5	PA; QL (8 per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		5	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA; QL (4 per 28 days); NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA; QL (8 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		5	PA; QL (4 per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; QL (24 per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA; QL (8 per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG		5	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG		5	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG		5	PA; QL (60 per 30 days); NEDS
YONSA ORAL TABLET 125 MG		5	PA; QL (120 per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG		5	PA; QL (240 per 30 days); NEDS
ZOLINZA ORAL CAPSULE 100 MG		5	PA; NEDS
ZYDELIG ORAL TABLET 100 MG		5	PA; QL (90 per 30 days); NEDS
ZYDELIG ORAL TABLET 150 MG		5	PA; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG		5	PA; QL (84 per 28 days); NEDS
ANTICHOLINERGIC AGENTS			
ANTIMUSCARINICS/ANTISPA SMODICS			
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Librax	2	PA; HRM; NEDS
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Cuvposa	2	MO
ANTICONVULSANTS			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ANTICONVULSANTS			
BRIVIACT ORAL SOLUTION 10 MG/ML		5	PA; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	PA; QL (60 per 30 days); NEDS
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	2	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	2	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	2	MO
<i>carbamazepine oral tablet 200 mg</i>	TEGretol	2	MO
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		2	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	4	PA; MO; FFQL; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	4	PA; MO; FFQL; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		5	PA; NEDS
DIACOMIT ORAL PACKET 250 MG, 500 MG		5	PA; NEDS
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		4	NEDS
DILANTIN ORAL CAPSULE 30 MG		3	MO; FFQL
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	2	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	2	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA; NEDS
EPRONTIA ORAL SOLUTION 25 MG/ML		3	MO; FFQL
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Aptiom	5	PA; QL (60 per 30 days); NEDS
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	2	MO
<i>felbamate oral suspension 600 mg/5ml</i>		4	MO; FFQL
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	4	MO; FFQL
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA; NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	PA; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Neurontin	1	MO; QL (300 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Neurontin	1	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Neurontin	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	1	MO; QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	Vimpat	4	MO; FFQL; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	4	MO; FFQL; QL (60 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	2	MO
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	LaMICtal ODT	4	NEDS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	2	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	4	MO; FFQL
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LaMICtal Starter	2	NEDS
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	LaMICtal Starter	2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	LaMICtal Starter	2	NEDS
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Keppra XR	2	MO; QL (180 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Keppra XR	2	MO; QL (120 per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	2	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	2	MO
<i>methsuximide oral capsule 300 mg</i>	Celontin	4	MO; FFQL
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	PA; NEDS
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	4	MO; FFQL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	2	MO
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	Fycompa	5	NEDS
<i>perampanel oral tablet 2 mg</i>	Fycompa	4	MO; FFQL
<i>phenobarbital oral elixir 20 mg/5ml</i>		2	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		2	MO
<i>phenytek oral capsule 200 mg, 300 mg</i>	Phenytek	2	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin-125	2	MO
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	2	MO
<i>pregabalin oral capsule 100 mg, 200 mg, 50 mg</i>	Lyrica	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 150 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	Lyrica	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	4	MO; FFQL; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>		1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	5	PA; QL (2400 per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	Banzel	4	PA; MO; FFQL; QL (240 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	Banzel	5	PA; QL (240 per 30 days); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG		4	MO; FFQL; QL (120 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG		5	PA; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG		4	PA; MO; FFQL; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		4	MO; FFQL
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		3	MO; FFQL
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	2	MO
<i>topiramate oral capsule sprinkle 50 mg</i>		2	MO
<i>topiramate oral solution 25 mg/ml</i>	Eprontia	2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	1	MO
<i>valproic acid oral capsule 250 mg</i>		2	MO
<i>valproic acid oral solution 250 mg/5ml</i>		2	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		5	PA; QL (10 per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		5	PA; QL (10 per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		5	PA; QL (10 per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		5	PA; QL (10 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vigabatrin oral packet 500 mg</i>	Sabril	5	PA; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	Vigadrone	5	PA; QL (180 per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	Vigadrone	5	PA; QL (180 per 30 days); NEDS
<i>vigpoder oral packet 500 mg</i>	Sabril	5	PA; QL (180 per 30 days); NEDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		5	PA; QL (56 per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		5	PA; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		5	PA; QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG		5	PA; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG		4	PA; QL (28 per 28 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG		5	PA; QL (28 per 28 days); NEDS
ZONISADE ORAL SUSPENSION 100 MG/5ML		4	MO; FFQL
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	2	MO
<i>zonisamide oral capsule 50 mg</i>		2	MO
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA; QL (1100 per 30 days); NEDS

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<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	1	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Aricept	2	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		1	MO; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		2	MO; QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		4	MO; FFQL; QL (180 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		2	MO; QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		2	MO; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>		4	MO; FFQL; QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		2	MO; QL (60 per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Namenda Titration Pak	2	QL (49 per 28 days); NEDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		2	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	4	MO; FFQL; QL (30 per 30 days)

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ANTIDEPRESSANTS

<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		2	MO
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		5	PA; QL (60 per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	1	MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	2	MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>		1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>		1	MO; QL (180 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		2	PA; MO; HRM
<i>citalopram hydrobromide oral capsule 30 mg</i>		2	MO; QL (30 per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		2	MO; QL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	CeleXA	1	MO; QL (45 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	CeleXA	1	MO; QL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	CeleXA	1	MO; QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	2	MO
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	2	MO
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	MO
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG		3	MO; FFQL; QL (30 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Pristiq	2	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	Pristiq	2	MO; QL (60 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>		2	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG		4	MO; FFQL; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG		4	MO; FFQL; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>		2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	PA; QL (30 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		4	MO; FFQL; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	1	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		3	ST; MO; FFQL; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		3	ST; QL (28 per 28 days); NEDS
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>		1	MO; QL (60 per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	1	MO; QL (120 per 30 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		2	MO; QL (4 per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		2	MO; QL (600 per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>		2	MO; QL (60 per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>		2	MO; QL (120 per 30 days)
<i>fluoxetine hcl oral tablet 60 mg</i>		2	MO; QL (30 per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		2	MO; QL (60 per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		2	MO; QL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>		2	MO; QL (60 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		2	MO
MARPLAN ORAL TABLET 10 MG		4	MO; FFQL
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	2	MO; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	2	MO; QL (30 per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg</i>		2	MO
NEFAZODONE HCL ORAL TABLET 150 MG, 200 MG		2	MO
<i>nefazodone hcl tablet 150 mg oral</i>		2	MO
<i>nefazodone hcl tablet 200 mg oral</i>		2	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	2	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		2	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>		2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Symbyax	2	MO; QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Paxil CR	2	MO; QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Paxil CR	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>		2	MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Paxil	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	1	MO; QL (30 per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	2	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		2	MO
RALDESY ORAL SOLUTION 10 MG/ML		4	PA; MO; FFQL; QL (1200 per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>		2	MO; QL (30 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	2	MO; QL (300 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	1	MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Zoloft	1	MO; QL (45 per 30 days)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	2	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		1	MO
<i>trazodone hcl oral tablet 300 mg</i>		2	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		2	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; MO; FFQL; QL (30 per 30 days)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG		2	MO; QL (60 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Effexor XR	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Effexor XR	1	MO; QL (90 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>		2	MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>		2	MO; QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		1	MO; QL (90 per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA; QL (28 per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG		5	PA; QL (14 per 14 days); NEDS

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		1	MO; QL (90 per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg</i>	Farxiga	3	MO; FFQL; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dapagliflozin propanediol oral tablet 5 mg</i>	Farxiga	3	MO; FFQL; QL (60 per 30 days)
FARXIGA ORAL TABLET 10 MG		3	MO; FFQL; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG		3	MO; FFQL; QL (60 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	MO; FFQL; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	MO; FFQL; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		3	MO; FFQL; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		3	MO; FFQL; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	MO; FFQL; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	MO; FFQL; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	MO; FFQL; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	MO; FFQL; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	MO; FFQL; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG		5	PA; QL (120 per 30 days); NEDS
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		1	MO; QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		1	MO; QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	2	MO; QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>		1	MO; QL (60 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin hcl oral tablet 500 mg</i>		1	MO; QL (120 per 30 days)
<i>metformin hcl oral tablet 750 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>		1	MO; QL (90 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	Korlym	5	PA; QL (120 per 30 days); NEDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		3	PA; MO; FFQL; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML		3	PA; QL (2 per 28 days); NEDS
<i>nateglinide oral tablet 120 mg, 60 mg</i>		2	MO; QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML		3	PA; MO; FFQL; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		3	PA; MO; FFQL; QL (6 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		3	PA; MO; FFQL; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	1	MO; QL (30 per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	2	MO; QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		2	MO; QL (90 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	Actoplus Met	2	MO; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		2	MO; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>		2	MO; QL (240 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG		3	PA; MO; FFQL; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		3	PA; MO; FFQL; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	MO; FFQL; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 25-1000 MG		3	MO; FFQL; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5- 1000 MG, 5-1000 MG		3	MO; FFQL; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	MO; FFQL; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5- 1000 MG, 25-5-1000 MG		3	MO; FFQL; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5- 2.5-1000 MG, 5-2.5-1000 MG		3	MO; FFQL; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		3	PA; MO; FFQL; QL (4 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 10-500 MG		3	MO; FFQL; QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG		3	MO; FFQL; QL (60 per 30 days)
INSULINS			
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG INJECTION SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (75-25) 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75- 25) 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo Max SoloStar	3	MO; FFQL; QL (40 per 30 days)
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo SoloStar	3	MO; FFQL; QL (40 per 30 days)
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG KwikPen	3	MO; FFQL; QL (45 per 30 days)
<i>insulin lispro injection solution 100 unit/ml</i>	HumaLOG	3	MO; FFQL; QL (40 per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	3	MO; FFQL; QL (45 per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	3	MO; FFQL; QL (45 per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		4	MO; FFQL; QL (45 per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML		4	MO; FFQL; QL (45 per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML		4	MO; FFQL; QL (40 per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	MO; FFQL; QL (45 per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		3	ST; MO; FFQL; QL (45 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML		3	MO; FFQL; QL (40 per 30 days)
SULFONYLUREAS			
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		1	MO; QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	1	MO; QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	MO; QL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		1	MO; QL (120 per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		2	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		2	MO
ANTIFUNGALS			
ANTIFUNGALS			
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		2	PA-BvsD; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	AmBisome	5	PA-BvsD; NEDS
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>		2	NEDS
<i>ciclopirox external gel 0.77 %</i>		2	NEDS
<i>ciclopirox external shampoo 1 %</i>		2	NEDS
<i>ciclopirox external solution 8 %</i>	Ciclodan	2	NEDS
<i>ciclopirox olamine external cream 0.77 %</i>		1	NEDS
<i>ciclopirox olamine external suspension 0.77 %</i>		2	NEDS
<i>clotrimazole external cream 1 %</i>	Lotrimin AF	1	NEDS
<i>clotrimazole external solution 1 %</i>		2	NEDS
<i>clotrimazole mouth/throat troche 10 mg</i>		2	NEDS
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		2	NEDS
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		2	NEDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NEDS
<i>econazole nitrate external cream 1 %</i>		2	QL (255 per 30 days); NEDS
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		2	PA-BvsD; NEDS
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		2	NEDS
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	2	NEDS
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>		2	NEDS
<i>fluconazole oral tablet 150 mg</i>	Diflucan	2	NEDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	5	NEDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		4	NEDS
<i>griseofulvin microsize oral tablet 500 mg</i>		2	NEDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>itraconazole oral capsule 100 mg</i>	Sporanox	4	PA; QL (120 per 30 days); NEDS
<i>ketoconazole external cream 2 %</i>		2	QL (600 per 30 days); NEDS
<i>ketoconazole external shampoo 2 %</i>		1	NEDS
<i>ketoconazole oral tablet 200 mg</i>		2	NEDS
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	Mycamine	2	PA-BvsD; NEDS
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		2	NEDS
<i>nystatin external cream 100000 unit/gm</i>		1	NEDS
<i>nystatin external ointment 100000 unit/gm</i>		1	NEDS
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	2	NEDS
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		2	NEDS
<i>nystatin oral tablet 500000 unit</i>		2	NEDS
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		2	NEDS
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		2	NEDS
<i>posaconazole oral tablet delayed release 100 mg</i>		5	PA; QL (93 per 30 days); NEDS
<i>ra clotrimazole external cream 1 %</i>	Lotrimin AF	1	NEDS
<i>terbinafine hcl oral tablet 250 mg</i>		1	QL (120 per 30 days); NEDS
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Vfend IV	5	PA; NEDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	5	PA; QL (300 per 30 days); NEDS
<i>voriconazole oral tablet 200 mg</i>		4	PA; QL (60 per 30 days); NEDS
<i>voriconazole oral tablet 50 mg</i>		4	PA; QL (120 per 30 days); NEDS
ANTIGOUT AGENTS			
ANTIGOUT AGENTS, OTHER			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	4	NEDS
<i>colchicine oral tablet 0.6 mg</i>		2	NEDS
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		2	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	2	PA; MO
<i>probenecid oral tablet 500 mg</i>		2	MO
ANTIHISTAMINES			
ANTIHISTAMINES			
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	1	NEDS
<i>cetirizine hcl oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	1	NEDS
<i>cypheptadine hcl oral syrup 2 mg/5ml</i>		2	NEDS
<i>cypheptadine hcl oral tablet 4 mg</i>		2	NEDS
<i>desloratadine oral tablet 5 mg</i>	Clarinet	2	QL (30 per 30 days); NEDS
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		1	NEDS
<i>diphenhydramine hcl solution 50 mg/ml injection</i>		1	NEDS
<i>diphenhydramine hcl solution 50 mg/ml injection</i>		1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		2	PA; HRM; NEDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	PA; HRM; NEDS
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Xyzal Allergy 24HR Childrens	2	QL (300 per 30 days); NEDS
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	1	QL (30 per 30 days); NEDS
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		2	PA; HRM; NEDS
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	2	NEDS
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		2	NEDS
<i>terconazole vaginal suppository 80 mg</i>		2	NEDS
VANDAZOLE VAGINAL GEL 0.75 %		4	NEDS
ANTIMIGRAINE AGENTS			
ANTIMIGRAINE AGENTS			
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>		5	QL (24 per 28 days); NEDS
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	2	QL (12 per 30 days); NEDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		3	PA; MO; FFQL; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		3	PA; MO; FFQL; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		3	PA; MO; FFQL; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>		2	QL (40 per 28 days); NEDS
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		2	QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	2	QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet 5 mg</i>		2	QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	2	QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		2	QL (12 per 30 days); NEDS
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	1	QL (12 per 30 days); NEDS
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		2	QL (8 per 30 days); NEDS
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days); NEDS
ANTIMYCOBACTERIALS			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ANTIMYCOBACTERIALS			
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	MO
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		2	NEDS
<i>isoniazid oral syrup 50 mg/5ml</i>		2	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>		1	MO
PRIFTIN ORAL TABLET 150 MG		4	NEDS
<i>pyrazinamide oral tablet 500 mg</i>		4	NEDS
<i>rifabutin oral capsule 150 mg</i>		4	NEDS
<i>rifampin intravenous solution reconstituted 600 mg</i>	Rifadin	4	NEDS
<i>rifampin oral capsule 150 mg, 300 mg</i>		2	NEDS
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NEDS
ANTINAUSEA AGENTS			
ANTINAUSEA AGENTS			
<i>aprepitant oral capsule 125 mg</i>		5	PA-BvsD; QL (8 per 28 days); NEDS
<i>aprepitant oral capsule 40 mg</i>		4	PA-BvsD; QL (8 per 28 days); NEDS
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend TriPack	4	PA-BvsD; QL (12 per 28 days); NEDS
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	2	PA-BvsD; QL (8 per 28 days); NEDS
<i>dronabinol oral capsule 10 mg, 5 mg</i>		2	PA-BvsD; QL (60 per 30 days); NEDS
<i>dronabinol oral capsule 2.5 mg</i>	Marinol	2	PA-BvsD; QL (60 per 30 days); NEDS
<i>granisetron hcl oral tablet 1 mg</i>		2	PA-BvsD; QL (60 per 30 days); NEDS
<i>meclizine hcl oral tablet 12.5 mg</i>		1	NEDS
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	1	NEDS
<i>ondansetron hcl oral solution 4 mg/5ml</i>		2	PA-BvsD; QL (450 per 30 days); NEDS
<i>ondansetron hcl oral tablet 4 mg</i>		2	PA-BvsD; QL (120 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ondansetron hcl oral tablet 8 mg</i>		2	PA-BvsD; QL (90 per 30 days); NEDS
<i>ondansetron oral tablet dispersible 4 mg</i>		2	PA-BvsD; QL (120 per 30 days); NEDS
<i>ondansetron oral tablet dispersible 8 mg</i>		2	PA-BvsD; QL (90 per 30 days); NEDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	4	NEDS
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	PA; HRM; NEDS
<i>promethazine hcl rectal suppository 25 mg</i>	Promethegan	4	PA; HRM; NEDS
<i>promethegan rectal suppository 25 mg</i>	Promethegan	4	PA; HRM; NEDS
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>		2	NEDS
<i>trimethobenzamide hcl oral capsule 300 mg</i>		2	NEDS

ANTIPARASITE AGENTS

ANTIPARASITE AGENTS

<i>albendazole oral tablet 200 mg</i>		4	NEDS
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	4	NEDS
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	2	NEDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		2	MO
COARTEM ORAL TABLET 20-120 MG		4	NEDS
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		2	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	2	MO
<i>hydroxychloroquine sulfate oral tablet 300 mg</i>	Sovuna	2	MO
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; QL (84 per 28 days); NEDS
<i>ivermectin oral tablet 3 mg</i>	Stromectol	2	PA; NEDS
<i>ivermectin oral tablet 6 mg</i>		2	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mefloquine hcl oral tablet 250 mg</i>		2	MO
<i>nitazoxanide oral tablet 500 mg</i>		2	QL (6 per 30 days); NEDS
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Nebupent	4	PA-BvsD; NEDS
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Pentam	4	PA-BvsD; NEDS
<i>praziquantel oral tablet 600 mg</i>	Biltricide	4	NEDS
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		4	NEDS
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	5	PA; NEDS
<i>quinine sulfate oral capsule 324 mg</i>		2	PA; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>		2	NEDS
ANTIPARKINSONIAN AGENTS			
ANTIPARKINSONIAN AGENTS			
<i>amantadine hcl oral capsule 100 mg</i>		2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>		2	MO
<i>amantadine hcl oral tablet 100 mg</i>		2	MO
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	MO
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	2	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	2	MO
<i>cabergoline oral tablet 0.5 mg</i>		2	NEDS
<i>carbidopa oral tablet 25 mg</i>	Lodosyn	2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	1	MO
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	1	MO
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>entacapone oral tablet 200 mg</i>		4	MO; FFQL
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	MO; FFQL
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		1	MO
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Azilect	2	MO; QL (30 per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		2	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		1	MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG		4	ST; MO; FFQL; QL (360 per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG		4	ST; MO; FFQL; QL (270 per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG		4	ST; MO; FFQL; QL (300 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>		2	MO
<i>selegiline hcl oral tablet 5 mg</i>		2	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		2	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		1	MO

ANTIPSYCHOTIC AGENTS

ANTIPSYCHOTIC AGENTS

ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		5	PA-BvsD; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		5	PA-BvsD; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	PA-BvsD; QL (1 per 26 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	PA-BvsD; QL (1 per 26 days); NEDS
<i>aripiprazole oral solution 1 mg/ml</i>		4	MO; FFQL; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Abilify	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	Abilify	2	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>		5	QL (60 per 30 days); NEDS
<i>aripiprazole oral tablet dispersible 15 mg</i>		2	MO; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	4	MO; FFQL; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		5	PA; QL (30 per 30 days); NEDS
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		4	MO; FFQL
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	MO
<i>clozapine oral tablet 100 mg</i>	Clozaril	2	QL (270 per 30 days); NEDS
<i>clozapine oral tablet 200 mg</i>		2	QL (120 per 30 days); NEDS
<i>clozapine oral tablet 25 mg</i>	Clozaril	2	QL (120 per 30 days); NEDS
<i>clozapine oral tablet 50 mg</i>		2	QL (180 per 30 days); NEDS
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>		2	QL (270 per 30 days); NEDS
<i>clozapine oral tablet dispersible 12.5 mg</i>		2	QL (90 per 30 days); NEDS
<i>clozapine oral tablet dispersible 200 mg</i>		2	QL (120 per 30 days); NEDS
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		5	PA; QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		5	PA; NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		5	PA; QL (0.75 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	PA; QL (1 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		5	PA; QL (1.5 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML		5	PA; QL (2.25 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		5	PA; QL (0.25 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		5	PA; QL (0.5 per 21 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	PA; QL (60 per 30 days); NEDS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	PA; QL (60 per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		4	PA; QL (60 per 30 days); NEDS
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG		4	PA; QL (14 per 7 days); NEDS
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG		4	PA; QL (8 per 3 days); NEDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		2	NEDS
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		4	NEDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		4	MO; FFQL
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		4	MO; FFQL
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>		2	NEDS
<i>haloperidol lactate injection solution 5 mg/ml</i>		1	NEDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg</i>		1	MO
<i>haloperidol oral tablet 10 mg, 2 mg, 20 mg, 5 mg</i>		2	MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		5	PA; QL (7 per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		5	PA; QL (10 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 78 MG/0.5ML		5	PA; QL (1 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		5	PA; QL (1.5 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	PA; QL (1 per 30 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		5	PA; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		5	PA; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	PA; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		5	PA; QL (2.63 per 90 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		2	MO
<i>lurasidone hcl oral tablet 120 mg</i>	Latuda	2	MO; QL (30 per 30 days)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	Latuda	4	MO; FFQL; QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Latuda	4	MO; FFQL; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	PA; QL (30 per 30 days); NEDS
<i>molindone hcl oral tablet 10 mg, 25 mg</i>		2	MO
<i>molindone hcl oral tablet 5 mg</i>		5	NEDS
NUPLAZID ORAL CAPSULE 34 MG		5	PA; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG		5	PA; QL (30 per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	4	QL (30 per 30 days); NEDS
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>		2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i>	ZyPREXA	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		4	MO; FFQL; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG		5	PA; QL (90 per 30 days); NEDS
OPIPZA ORAL FILM 2 MG, 5 MG		5	PA; QL (60 per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		4	MO; FFQL; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>	Invega	4	MO; FFQL; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Invega	4	MO; FFQL; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	PA-BvsD; QL (1 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	2	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>		1	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	PA; QL (30 per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	RisperDAL Consta	2	PA-BvsD; QL (2 per 28 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	RisperDAL Consta	5	PA-BvsD; QL (2 per 28 days); NEDS
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	2	MO; QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>		1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		2	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	PA; QL (30 per 30 days); NEDS
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		2	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		2	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	PA; QL (540 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG		5	PA; QL (120 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 3 MG		5	PA; QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG		5	PA; QL (30 per 30 days); NEDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	4	PA-BvsD; QL (60 per 30 days); NEDS
ANTIVIRALS (SYSTEMIC)			
ANTIRETROVIRALS			
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	4	MO; FFQL; QL (900 per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		4	MO; FFQL; QL (30 per 30 days)
APTIVUS ORAL CAPSULE 250 MG		5	QL (120 per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	4	MO; FFQL; QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	4	MO; FFQL; QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	QL (30 per 30 days); NEDS
CIMDUO ORAL TABLET 300-300 MG		5	QL (30 per 30 days); NEDS
<i>darunavir oral tablet 600 mg</i>	Prezista	4	MO; FFQL; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i>	Prezista	5	QL (30 per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	QL (30 per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	QL (30 per 30 days); NEDS
DOVATO ORAL TABLET 50-300 MG		5	QL (30 per 30 days); NEDS
EDURANT ORAL TABLET 25 MG		5	QL (30 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		5	QL (300 per 30 days); NEDS
<i>efavirenz oral tablet 600 mg</i>		4	MO; FFQL; QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		2	MO; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		5	QL (30 per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	5	QL (30 per 30 days); NEDS
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	4	MO; FFQL; QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	Truvada	4	MO; FFQL; QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Truvada	5	QL (30 per 30 days); NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Truvada	2	MO; QL (30 per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Complera	5	QL (30 per 30 days); NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	MO; FFQL; QL (680 per 28 days)
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intelence	5	QL (120 per 30 days); NEDS
EVOTAZ ORAL TABLET 300-150 MG		5	QL (30 per 30 days); NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>		5	QL (120 per 30 days); NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	QL (60 per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG		4	MO; FFQL; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG		5	QL (60 per 30 days); NEDS
ISENTRESS ORAL PACKET 100 MG		5	QL (60 per 30 days); NEDS
ISENTRESS ORAL TABLET 400 MG		5	QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	QL (180 per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG		4	MO; FFQL; QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG		5	QL (30 per 30 days); NEDS
KALETRA ORAL SOLUTION 400-100 MG/5ML		4	MO; FFQL; QL (400 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	2	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>		4	MO; FFQL; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Epivir	2	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Epivir	2	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Kaletra	4	MO; FFQL; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Kaletra	4	MO; FFQL; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg</i>	Selzentry	5	QL (240 per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Selzentry	5	QL (120 per 30 days); NEDS
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		4	MO; FFQL; QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>		4	MO; FFQL; QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>		1	MO; QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG		4	MO; FFQL; QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		5	QL (30 per 30 days); NEDS
PIFELTRO ORAL TABLET 100 MG		5	QL (30 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		5	QL (30 per 30 days); NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML		5	QL (360 per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG		5	QL (240 per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG		4	MO; FFQL; QL (420 per 30 days)
REYATAZ ORAL PACKET 50 MG		5	QL (180 per 30 days); NEDS
<i>ritonavir oral tablet 100 mg</i>	Norvir	2	MO; QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		5	QL (60 per 30 days); NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML		5	QL (1800 per 30 days); NEDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>		2	MO; QL (60 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG		5	QL (30 per 30 days); NEDS
SUNLENCA ORAL TABLET 300 MG		5	QL (4 per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG		5	QL (4 per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG		5	QL (5 per 180 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	QL (30 per 30 days); NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	2	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG		5	QL (60 per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		5	QL (360 per 30 days); NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG		5	QL (30 per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		4	MO; FFQL; QL (180 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
VEMLIDY ORAL TABLET 25 MG		5	PA; QL (28 per 28 days); NEDS
VIRACEPT ORAL TABLET 250 MG		5	QL (300 per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG		5	QL (120 per 30 days); NEDS
VIREAD ORAL POWDER 40 MG/GM		5	QL (240 per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	QL (30 per 30 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	Retrovir	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	2	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>		2	MO; QL (60 per 30 days)
ANTIVIRALS, MISCELLANEOUS			
LIVTENCITY ORAL TABLET 200 MG		5	PA; QL (336 per 28 days); NEDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	2	QL (84 per 30 days); NEDS
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	2	QL (60 per 30 days); NEDS
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	2	NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		1	QL (20 per 5 days); NEDS
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		1	QL (11 per 28 days); NEDS
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		1	QL (30 per 5 days); NEDS
PREVYMIS ORAL PACKET 120 MG, 20 MG		5	PA; QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; QL (100 per 100 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		4	NEDS
<i>rimantadine hcl oral tablet 100 mg</i>		4	NEDS
HCV ANTIVIRALS			
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Harvoni	5	PA; NEDS
MAVYRET ORAL TABLET 100-40 MG		5	PA; QL (84 per 28 days); NEDS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	5	PA; NEDS
INTERFERONS			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		5	PA; NEDS
NUCLEOSIDES AND NUCLEOTIDES			
<i>acyclovir oral capsule 200 mg</i>		1	NEDS
<i>acyclovir oral suspension 200 mg/5ml</i>		2	NEDS
<i>acyclovir oral tablet 400 mg, 800 mg</i>		1	NEDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		4	PA-BvsD; NEDS
<i>adefovir dipivoxil oral tablet 10 mg</i>		4	PA; MO; FFQL; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	PA; QL (600 per 30 days); NEDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	4	MO; FFQL; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		2	QL (90 per 30 days); NEDS
<i>ribavirin oral capsule 200 mg</i>		2	NEDS
<i>ribavirin oral tablet 200 mg</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	2	QL (90 per 30 days); NEDS
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	2	QL (60 per 30 days); NEDS
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Valcyte	5	NEDS
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	3	MO; FFQL
BLOOD PRODUCTS/MODIFIERS/VOL UME EXPANDERS			
ANTICOAGULANTS			
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	2	MO; QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	QL (74 per 30 days); NEDS
ELIQUIS ORAL TABLET 2.5 MG		3	MO; FFQL; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	MO; FFQL; QL (90 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Lovenox	4	QL (30 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Lovenox	4	QL (24 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Lovenox	4	QL (9 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Lovenox	4	QL (12 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Lovenox	4	QL (18 per 30 days); NEDS
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	5	QL (14 per 30 days); NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Arixtra	2	QL (24 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		2	PA-BvsD; NEDS
<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>	Jantoven	1	MO
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Xarelto	2	MO; QL (900 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	Xarelto	2	MO; QL (120 per 30 days)
<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>	Jantoven	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		3	MO; FFQL; QL (900 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	MO; FFQL; QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	MO; FFQL; QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG		3	MO; FFQL; QL (120 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	QL (51 per 30 days); NEDS
BLOOD FORMATION MODIFIERS			
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	PA; NEDS
PROMACTA ORAL PACKET 12.5 MG		5	PA; QL (360 per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG		5	PA; QL (180 per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA; QL (30 per 30 days); NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		4	PA; QL (12 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA; NEDS
HEMATOLOGIC AGENTS, MISCELLANEOUS			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	4	MO; FFQL
<i>anagrelide hcl oral capsule 1 mg</i>		4	MO; FFQL
<i>tranexamic acid oral tablet 650 mg</i>		2	NEDS
PLATELET-AGGREGATION INHIBITORS			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>		1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		2	MO
<i>pentoxifylline er oral tablet extended release 400 mg</i>		1	MO
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Brilinta	2	MO; QL (60 per 30 days)
CARDIOVASCULAR AGENTS			
ALPHA-ADRENERGIC AGENTS			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	2	MO; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	2	MO; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	2	MO; QL (8 per 28 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	1	MO; QL (60 per 30 days)
<i>droxidopa oral capsule 100 mg</i>	Northera	4	PA; NEDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Northera	5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	NEDS
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	1	MO
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		3	MO; FFQL; QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	MO; FFQL; QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i>	Avapro	1	MO
<i>irbesartan oral tablet 75 mg</i>		1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	1	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	1	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	1	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tribenzor	2	MO
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Entresto	2	MO; QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>		1	MO
<i>telmisartan oral tablet 40 mg, 80 mg</i>	Micardis	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		1	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	1	MO
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	1	MO
<i>benazepril hcl oral tablet 5 mg</i>		1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		2	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		1	MO
ANTIARRHYTHMIC AGENTS			
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Pacerone	2	MO
<i>amiodarone hcl oral tablet 400 mg</i>		2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	4	MO; FFQL
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		2	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		2	MO
MULTAQ ORAL TABLET 400 MG		3	MO; FFQL; QL (60 per 30 days)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		4	MO; FFQL
BETA-ADRENERGIC BLOCKING AGENTS			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	1	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Coreg CR	2	MO; QL (30 per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	1	MO
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		1	MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		2	MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Bystolic	2	MO; QL (30 per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	Bystolic	2	MO; QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>		2	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	2	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	1	MO
<i>sotalol hcl oral tablet 240 mg</i>		1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
CALCIUM-CHANNEL BLOCKING AGENTS			
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tiadyt ER	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		2	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	1	MO
<i>diltiazem hcl oral tablet 90 mg</i>		1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		1	MO
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		2	MO
<i>tiadyt er oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tiadyt ER	2	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>		2	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		1	MO
CARDIOVASCULAR AGENTS, MISCELLANEOUS			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; QL (30 per 30 days); NEDS
DIGOXIN ORAL SOLUTION 0.05 MG/ML		3	PA; MO; FFQL; HRM; QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg</i>	Digox	1	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	Digox	1	PA; MO; HRM; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>digoxin oral tablet 62.5 mcg</i>	Lanoxin	2	MO; QL (30 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	2	QL (2 per 30 days); NEDS
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Auvi-Q	2	QL (2 per 30 days); NEDS
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	MO
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>		5	PA; QL (18 per 30 days); NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Firazyr	5	PA; QL (18 per 30 days); NEDS
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	2	PA; MO; QL (60 per 30 days)
<i>metirosine oral capsule 250 mg</i>	Demser	5	NEDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		2	MO; QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		2	MO; QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; MO; FFQL; QL (30 per 30 days)
DIHYDROPYRIDINES			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		1	MO
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		1	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	1	MO
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Sular	2	MO
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg</i>		2	MO; QL (30 per 30 days)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>		2	MO
DIURETICS			
<i>amiloride hcl oral tablet 5 mg</i>		1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>		2	NEDS
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	2	MO
<i>bumetanide oral tablet 1 mg, 2 mg</i>		2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		2	MO
<i>furosemide injection solution 10 mg/ml</i>		1	NEDS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>		2	MO
<i>tolvaptan oral tablet 15 mg</i>	Jynarque	5	PA; QL (60 per 30 days); NEDS
<i>tolvaptan oral tablet 30 mg</i>	Jynarque	5	PA; QL (120 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	Jynarque	5	PA; QL (56 per 28 days); NEDS
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>		1	MO
<i>torsemide oral tablet 20 mg</i>	Soaanz	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		1	MO
DYSLIPIDEMICS			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Caduet	2	MO
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		2	MO
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	1	MO
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	2	MO
<i>cholestyramine oral packet 4 gm</i>	Questran	2	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	2	MO
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	4	MO; FFQL
<i>colestipol hcl oral packet 5 gm</i>		2	MO
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	2	MO
<i>ezetimibe oral tablet 10 mg</i>	Zetia	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Vytorin	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		2	MO; QL (30 per 30 days)
<i>fenofibrate oral capsule 134 mg</i>		2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		2	MO; QL (30 per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		2	MO; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	1	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		1	MO
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	1	MO; QL (60 per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	Vascepa	4	MO; FFQL; QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	4	MO; FFQL; QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		1	MO
NEXLETOL ORAL TABLET 180 MG		3	PA; MO; FFQL; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	PA; MO; FFQL; QL (30 per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		2	MO; QL (60 per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	2	MO; QL (120 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		1	MO
<i>prevalite oral packet 4 gm</i>	Prevalite	3	MO; FFQL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		3	PA; MO; FFQL; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		3	PA; MO; FFQL; QL (3 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	1	MO
<i>simvastatin oral tablet 5 mg, 80 mg</i>		1	MO
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	4	MO; FFQL
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	2	MO
KERENDIA ORAL TABLET 10 MG, 20 MG		3	PA; MO; FFQL; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG		4	PA; MO; FFQL; QL (30 per 30 days)
VASODILATORS			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		2	MO
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titrados	2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %		4	MO; FFQL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		3	MO; FFQL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	2	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	2	MO
CENTRAL NERVOUS SYSTEM AGENTS			
CENTRAL NERVOUS SYSTEM AGENTS			
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	2	MO; QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>		4	MO; FFQL; QL (60 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>		4	MO; FFQL; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		5	PA; QL (120 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG		5	PA; QL (90 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		5	PA; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; QL (30 per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		5	PA; QL (28 per 28 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		5	PA; QL (42 per 28 days); NEDS
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		2	MO; QL (120 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	3	PA; MO; FFQL; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML		5	PA; QL (3600 per 30 days); NEDS
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	2	MO; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Zenzedi	2	MO
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	5	PA; QL (60 per 30 days); NEDS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	5	PA; QL (60 per 30 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Copaxone	5	PA; QL (30 per 30 days); NEDS
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	2	PA; MO; HRM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		5	PA; QL (1.2 per 28 days); NEDS
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	1	MO
<i>lithium carbonate er oral tablet extended release 450 mg</i>		1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>		1	MO
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	MO
<i>lithium carbonate oral tablet 300 mg</i>		1	MO
<i>lithium oral solution 8 meq/5ml</i>		2	MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	Concerta	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Concerta	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	Concerta	4	MO; FFQL; QL (30 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg</i>		4	MO; FFQL; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		4	MO; FFQL; QL (60 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>		4	MO; FFQL; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>		2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>		2	MO; QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		5	PA; QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>riluzole oral tablet 50 mg</i>		4	PA; MO; FFQL; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	MO; FFQL; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		3	QL (55 per 28 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	4	PA; MO; FFQL; QL (90 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	5	PA; QL (120 per 30 days); NEDS
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		5	PA; QL (120 per 30 days); NEDS
CONTRACEPTIVES			
CONTRACEPTIVES			
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Aviane	2	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Vyfemla	2	MO
<i>camila oral tablet 0.35 mg</i>	Camila	2	MO
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>		2	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	3	MO; FFQL; QL (1 per 28 days)
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	3	MO; FFQL; QL (1 per 28 days)
<i>errin oral tablet 0.35 mg</i>	Camila	2	MO
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	3	MO; FFQL; QL (1 per 28 days)
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	3	MO; FFQL; QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	Camila	2	MO
<i>incassia oral tablet 0.35 mg</i>	Camila	2	MO
<i>isibloom oral tablet 0.15-30 mg-mcg</i>		2	MO
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		4	NEDS
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aviane	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	2	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		3	NEDS
<i>luteal oral tablet 0.1-20 mg-mcg</i>	Aviane	2	MO
<i>lyleq oral tablet 0.35 mg</i>	Camila	2	MO
<i>lyza oral tablet 0.35 mg</i>	Camila	2	MO
<i>meleya oral tablet 0.35 mg</i>	Camila	2	MO
<i>mili oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		4	NEDS
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		3	NEDS
<i>nikki oral tablet 3-0.02 mg</i>		2	MO
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	2	MO; QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	Camila	2	MO
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>		1	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>		2	MO
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		2	MO
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>		2	MO
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		2	MO
<i>orquidea oral tablet 0.35 mg</i>	Camila	2	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		4	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		1	MO
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		1	MO
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		1	MO
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	Vyfemla	2	MO
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	2	MO; QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	2	MO; QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>		1	MO
DENTAL AND ORAL AGENTS			
DENTAL AND ORAL AGENTS			
<i>cevimeline hcl oral capsule 30 mg</i>	Evoxac	2	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Periogard	1	NEDS
<i>periogard mouth/throat solution 0.12 %</i>	Periogard	1	NEDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	2	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	2	NEDS
DERMATOLOGICAL AGENTS			
DERMATOLOGICAL AGENTS, OTHER			
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	Accutane	4	NEDS
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	PA; NEDS
<i>acyclovir external ointment 5 %</i>	Zovirax	2	NEDS
<i>ammonium lactate external cream 12 %</i>		2	NEDS
<i>ammonium lactate external lotion 12 %</i>	AL12	2	NEDS
<i>calcipotriene external cream 0.005 %</i>		4	QL (120 per 30 days); NEDS
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	4	QL (120 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>calcipotriene external solution 0.005 %</i>		2	QL (60 per 30 days); NEDS
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Accutane	4	NEDS
<i>claravis oral capsule 30 mg</i>	Claravis	4	NEDS
<i>fluorouracil external cream 5 %</i>		2	NEDS
<i>fluorouracil external solution 2 %, 5 %</i>		2	NEDS
HYFTOR EXTERNAL GEL 0.2 %		5	PA; NEDS
<i>imiquimod external cream 5 %</i>		2	QL (12 per 30 days); NEDS
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	Accutane	2	NEDS
<i>isotretinoin oral capsule 30 mg</i>	Claravis	2	NEDS
PANRETIN EXTERNAL GEL 0.1 %		5	PA; NEDS
<i>podofilox external solution 0.5 %</i>		2	NEDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		4	QL (180 per 30 days); NEDS
VALCHLOR EXTERNAL GEL 0.016 %		5	PA; QL (60 per 30 days); NEDS
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	Accutane	4	NEDS
<i>zenatane oral capsule 30 mg</i>	Claravis	4	NEDS
DERMATOLOGICAL ANTIBACTERIALS			
<i>clindamycin phos (once-daily) external gel 1 %</i>	Clindagel	2	QL (120 per 30 days); NEDS
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	2	NEDS
<i>clindamycin phosphate external solution 1 %</i>		2	QL (240 per 30 days); NEDS
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	2	NEDS
ERY EXTERNAL PAD 2 %		2	NEDS
<i>erythromycin external gel 2 %</i>	Erygel	2	NEDS
<i>erythromycin external solution 2 %</i>		2	NEDS
<i>gentamicin sulfate external cream 0.1 %</i>		2	NEDS
<i>gentamicin sulfate external ointment 0.1 %</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metronidazole external cream 0.75 %</i>	MetroCream	2	NEDS
<i>metronidazole external gel 0.75 %</i>		2	NEDS
<i>metronidazole external gel 1 %</i>	Metrogel	2	NEDS
<i>metronidazole external lotion 0.75 %</i>		2	NEDS
<i>mupirocin calcium external cream 2 %</i>		1	QL (120 per 30 days); NEDS
<i>mupirocin external ointment 2 %</i>		2	QL (352 per 30 days); NEDS
<i>selenium sulfide external lotion 2.5 %</i>		1	NEDS
<i>silver sulfadiazine external cream 1 %</i>	SSD	2	NEDS
<i>ssd external cream 1 %</i>	SSD	2	NEDS
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	2	NEDS
DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS			
<i>alclometasone dipropionate external cream 0.05 %</i>		2	NEDS
<i>alclometasone dipropionate external ointment 0.05 %</i>		1	NEDS
<i>betamethasone dipropionate aug external cream 0.05 %</i>		2	NEDS
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	NEDS
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		2	NEDS
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	2	NEDS
<i>betamethasone dipropionate external cream 0.05 %</i>		2	NEDS
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	NEDS
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	NEDS
<i>betamethasone valerate external cream 0.1 %</i>		2	NEDS
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone valerate external ointment 0.1 %</i>		2	NEDS
<i>clobetasol propionate e external cream 0.05 %</i>		2	NEDS
<i>clobetasol propionate external cream 0.05 %</i>		2	NEDS
<i>clobetasol propionate external gel 0.05 %</i>		2	NEDS
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	2	NEDS
<i>clobetasol propionate external ointment 0.05 %</i>		2	NEDS
<i>clobetasol propionate external shampoo 0.05 %</i>	Clobex	2	NEDS
<i>clobetasol propionate external solution 0.05 %</i>		2	NEDS
<i>desonide external cream 0.05 %</i>		2	NEDS
<i>desonide external lotion 0.05 %</i>		2	NEDS
<i>desonide external ointment 0.05 %</i>		2	NEDS
<i>desoximetasone external cream 0.05 %, 0.25 %</i>		2	NEDS
<i>desoximetasone external gel 0.05 %</i>		2	NEDS
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Topicort	2	NEDS
EUCRISA EXTERNAL OINTMENT 2 %		3	PA; NEDS
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	2	NEDS
<i>fluocinolone acetonide external cream 0.01 %</i>		2	NEDS
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	2	NEDS
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	2	NEDS
<i>fluocinolone acetonide external solution 0.01 %</i>		2	QL (180 per 30 days); NEDS
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinonide emulsified base external cream 0.05 %</i>		2	NEDS
<i>fluocinonide external cream 0.05 %</i>		2	NEDS
<i>fluocinonide external gel 0.05 %</i>		2	NEDS
<i>fluocinonide external ointment 0.05 %</i>		2	NEDS
<i>fluocinonide external solution 0.05 %</i>		2	NEDS
<i>fluticasone propionate external cream 0.05 %</i>		2	NEDS
<i>fluticasone propionate external ointment 0.005 %</i>		2	NEDS
<i>halobetasol propionate external cream 0.05 %</i>		2	NEDS
<i>halobetasol propionate external ointment 0.05 %</i>		2	NEDS
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	1	NEDS
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Analpram HC	2	NEDS
<i>hydrocortisone butyrate external cream 0.1 %</i>		2	NEDS
<i>hydrocortisone butyrate external ointment 0.1 %</i>		2	NEDS
<i>hydrocortisone butyrate external solution 0.1 %</i>		2	QL (180 per 30 days); NEDS
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	1	NEDS
<i>hydrocortisone external cream 2.5 %</i>		1	NEDS
<i>hydrocortisone external lotion 2.5 %</i>		1	NEDS
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	1	NEDS
<i>hydrocortisone external ointment 2.5 %</i>		1	NEDS
<i>hydrocortisone valerate external cream 0.2 %</i>		2	NEDS
<i>hydrocortisone valerate external ointment 0.2 %</i>		2	NEDS
<i>mometasone furoate external cream 0.1 %</i>		1	NEDS
<i>mometasone furoate external ointment 0.1 %</i>		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mometasone furoate external solution 0.1 %</i>		1	NEDS
<i>pimecrolimus external cream 1 %</i>	Elidel	2	ST; NEDS
<i>procto-med hc external cream 2.5 %</i>	Procto-Med HC	2	NEDS
<i>proctosol hc external cream 2.5 %</i>	Procto-Med HC	2	NEDS
<i>proctozone-hc external cream 2.5 %</i>	Procto-Med HC	2	NEDS
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		4	ST; NEDS
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		2	NEDS
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	2	NEDS
<i>triamcinolone acetonide external lotion 0.025 %</i>		2	NEDS
<i>triamcinolone acetonide external lotion 0.1 %</i>		2	QL (240 per 30 days); NEDS
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		1	NEDS
DERMATOLOGICAL RETINOIDS			
<i>adapalene external cream 0.1 %</i>	Differin	2	PA; NEDS
<i>adapalene external gel 0.3 %</i>	Differin	2	PA; NEDS
<i>tazarotene external cream 0.05 %</i>	Tazorac	4	PA; NEDS
<i>tazarotene external cream 0.1 %</i>	Tazorac	2	PA; NEDS
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tazorac	2	PA; QL (100 per 30 days); NEDS
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Retin-A	2	PA; NEDS
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Retin-A	2	PA; NEDS
<i>tretinoin external gel 0.05 %</i>	Atralin	2	PA; NEDS
SCABICIDES AND PEDICULICIDES			
<i>malathion external lotion 0.5 %</i>	Ovide	2	NEDS
<i>permethrin external cream 5 %</i>	Elimite	2	NEDS
DEVICES			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
DEVICES			
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM		3	QL (120 per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM		3	QL (120 per 30 days)
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ALCOHOL PREP PAD		3	
ALCOHOL PREP PADS PAD 70 %		3	
ALCOHOL SWABS PAD		3	
AQ INSULIN SYRINGE 31G X 5/16" 1 ML		3	QL (120 per 30 days)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		3	QL (120 per 30 days)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM		3	QL (120 per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		3	QL (120 per 30 days)
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		3	QL (120 per 30 days)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM		3	QL (120 per 30 days)
AUM ALCOHOL PREP PADS PAD 70 %		3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM		3	QL (120 per 30 days)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		3	QL (120 per 30 days)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM		3	QL (120 per 30 days)
AUM SAFETY PEN NEEDLE 31G X 4 MM		3	QL (120 per 30 days)
BD AUTOSHIELD DUO 30G X 5 MM		3	QL (120 per 30 days)
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		3	QL (120 per 30 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML		3	QL (120 per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		3	QL (120 per 30 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 1 ML		3	QL (120 per 30 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML		3	QL (120 per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM		3	QL (120 per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM		3	QL (120 per 30 days)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM		3	QL (120 per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM		3	QL (120 per 30 days)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM		3	QL (120 per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM		3	QL (120 per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		3	QL (120 per 30 days)
BD SWABS SINGLE USE BUTTERFLY PAD		3	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML		3	QL (120 per 30 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		3	QL (120 per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		3	QL (120 per 30 days)
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		3	QL (120 per 30 days)
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
CARETOUCH ALCOHOL PREP PAD 70 %		3	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM		3	QL (120 per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
CLICKFINE PEN NEEDLES 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		3	QL (120 per 30 days)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM		3	QL (120 per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM		3	QL (120 per 30 days)
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		3	QL (120 per 30 days)
CURITY ALL PURPOSE SPONGES PAD 2"X2"		3	
CURITY GAUZE PAD 2"X2"		3	
CURITY GAUZE SPONGE PAD 2"X2"		3	
CURITY SPONGES PAD 2"X2"		3	
CVS GAUZE PAD 2"X2"		3	
CVS GAUZE STERILE PAD 2"X2"		3	
DERMACEA GAUZE SPONGE PAD 2"X2"		3	
DERMACEA IV DRAIN SPONGES PAD 2"X2"		3	

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
DERMACEA NON-WOVEN SPONGES PAD 2"X2"		3	
DERMACEA TYPE VII GAUZE PAD 2"X2"		3	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
DROPLET MICRON 34G X 3.5 MM		3	QL (120 per 30 days)
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		3	QL (120 per 30 days)
DROPSAFE ALCOHOL PREP PAD 70 %		3	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		3	QL (120 per 30 days)
DRUG MART UNIFINE PENTIPS 31G X 5 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
EASY COMFORT ALCOHOL PADS PAD		3	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		3	QL (120 per 30 days)
EASY COMFORT PEN NEEDLES 29G X 4MM , 29G X 5MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		3	QL (120 per 30 days)
EASY GLIDE PEN NEEDLES 33G X 4 MM		3	QL (120 per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN BARRELS U- 100 1 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		3	QL (120 per 30 days)
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM		3	QL (120 per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
EMBECTA AUTOSHIELD DUO 30G X 5 MM		3	QL (120 per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML		3	QL (120 per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML		3	QL (120 per 30 days)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		3	QL (120 per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM		3	QL (120 per 30 days)
EMBECTA PEN NEEDLE NANO 32G X 4 MM		3	QL (120 per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM		3	QL (120 per 30 days)
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
EQL ALCOHOL SWABS PAD 70 %		3	

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
EQL GAUZE PAD 2"X2"		3	
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		3	QL (120 per 30 days)
GAUZE PADS PAD 2"X2"		3	
GAUZE TYPE VII MEDI-PAK PAD 2"X2"		3	
GLOBAL ALCOHOL PREP EASE PAD 70 %		3	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		3	QL (120 per 30 days)
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML		3	QL (120 per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
GNP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		3	QL (120 per 30 days)
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		3	QL (120 per 30 days)
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
GNP PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
GNP STERILE GAUZE PAD 2"X2"		3	

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 1 ML		3	QL (120 per 30 days)
GOODSENSE ALCOHOL SWABS PAD 70 %		3	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		3	QL (120 per 30 days)
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		3	QL (120 per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		3	QL (120 per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
H-E-B INCONTROL ALCOHOL PAD		3	
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
HM STERILE ALCOHOL PREP PAD		3	
HM STERILE PADS PAD 2"X2"		3	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM		3	QL (120 per 30 days)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		3	QL (120 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.5 ML		3	QL (120 per 30 days)
INSUPEN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		3	QL (120 per 30 days)
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM		3	QL (120 per 30 days)
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
INSUPEN32G EXTR3ME 32G X 6 MM		3	QL (120 per 30 days)
J & J GAUZE PAD 2"X2"		3	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"		3	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"		3	
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		3	QL (120 per 30 days)
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 1 ML		3	QL (120 per 30 days)
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
KROGER PEN NEEDLES 29G X 12MM , 31G X 6 MM		3	QL (120 per 30 days)
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		3	QL (120 per 30 days)
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		3	QL (120 per 30 days)
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML		3	QL (120 per 30 days)
MAXICOMFORT II PEN NEEDLE 31G X 6 MM		3	QL (120 per 30 days)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		3	QL (120 per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM		3	QL (120 per 30 days)
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML		3	QL (120 per 30 days)
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM		3	QL (120 per 30 days)
MEDPURA ALCOHOL PADS EXTERNAL 70 %		3	
MEIJER ALCOHOL SWABS PAD 70 %		3	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM		3	QL (120 per 30 days)
MIRASORB SPONGES 2"X2"		3	
MM PEN NEEDLES 31G X 6 MM , 32G X 4 MM		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML		3	QL (120 per 30 days)
MONOJECT INSULIN SYRINGE U-100 1 ML		3	QL (120 per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
NOVOFINE AUTOCOVER 30G X 8 MM		3	QL (120 per 30 days)
NOVOFINE PEN NEEDLE 32G X 6 MM		3	QL (120 per 30 days)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM		3	QL (120 per 30 days)
NOVOTWIST PEN NEEDLE 32G X 5 MM		3	QL (120 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 32G X 5 MM		3	QL (120 per 30 days)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 32G X 6 MM		3	QL (120 per 30 days)
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		3	QL (120 per 30 days)
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		3	QL (120 per 30 days)
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML		3	QL (120 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML		3	QL (120 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 1 ML		3	QL (120 per 30 days)
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM		3	QL (120 per 30 days)
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
PRO COMFORT ALCOHOL PAD 70 %		3	

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		3	QL (120 per 30 days)
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML		3	QL (120 per 30 days)
PURE COMFORT ALCOHOL PREP PAD		3	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		3	QL (120 per 30 days)
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		3	QL (120 per 30 days)
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		3	QL (120 per 30 days)
QC ALCOHOL SWABS PAD 70 %		3	
QC BORDER ISLAND GAUZE PAD 2"X2"		3	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM		3	QL (120 per 30 days)
RA ALCOHOL SWABS PAD 70 %		3	
RA INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		3	QL (120 per 30 days)
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		3	QL (120 per 30 days)
RA STERILE PAD 2"X2"		3	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)
REALITY SWABS PAD		3	
RELION ALCOHOL SWABS PAD		3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML		3	QL (120 per 30 days)
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML		3	QL (120 per 30 days)
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		3	QL (120 per 30 days)
RELION MINI PEN NEEDLES 31G X 6 MM		3	QL (120 per 30 days)
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)
RESTORE CONTACT LAYER PAD 2"X2"		3	
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML		3	QL (120 per 30 days)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		3	QL (120 per 30 days)
SB ALCOHOL PREP PAD 70 %		3	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM		3	QL (120 per 30 days)
SM ALCOHOL PREP EXTERNAL PAD 6-70 %		3	
SM ALCOHOL PREP PAD		3	
SM GAUZE PAD 2"X2"		3	
STERILE GAUZE PAD 2"X2"		3	
STERILE PAD 2"X2"		3	

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
SURE COMFORT ALCOHOL PREP PAD 70 %		3	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		3	QL (120 per 30 days)
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
SURE-PREP ALCOHOL PREP PAD 70 %		3	
SURGICAL GAUZE SPONGE PAD 2"X2"		3	
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML		3	QL (120 per 30 days)
THERAGAUZE PAD 2"X2"		3	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		3	QL (120 per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		3	QL (120 per 30 days)
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		3	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML		3	QL (120 per 30 days)
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		3	QL (120 per 30 days)
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		3	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		3	QL (120 per 30 days)
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		3	QL (120 per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ULTICARE MICRO PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM		3	QL (120 per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM		3	QL (120 per 30 days)
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML		3	QL (120 per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ULTILET ALCOHOL SWABS PAD		3	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		3	QL (120 per 30 days)
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		3	QL (120 per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML		3	QL (120 per 30 days)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ULTRA THIN PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		3	QL (120 per 30 days)
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML		3	QL (120 per 30 days)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM		3	QL (120 per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM		3	QL (120 per 30 days)
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM		3	QL (120 per 30 days)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE PEN NEEDLES 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 6 MM , 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		3	QL (120 per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		3	QL (120 per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 32G X 6 MM		3	QL (120 per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		3	QL (120 per 30 days)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		3	QL (120 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		3	QL (120 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
WEBCOL ALCOHOL PREP LARGE PAD 70 %		3	
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM		3	QL (120 per 30 days)
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		3	
ENZYME REPLACEMENT/MODIFIERS			
ENZYME REPLACEMENT/MODIFIERS			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		3	MO; FFQL
<i>miglustat oral capsule 100 mg</i>	Yargesa	5	PA; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA-BvsD; NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		5	PA; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Javygtor	5	PA; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	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		3	MO; FFQL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT		5	NEDS
EYE, EAR, NOSE, THROAT AGENTS			
EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		2	NEDS
<i>atropine sulfate ophthalmic solution 1 %</i>		2	MO
<i>azelastine hcl nasal solution 0.1 %</i>		2	QL (30 per 25 days); NEDS
<i>azelastine hcl nasal solution 137 mcg/spray</i>		2	QL (30 per 25 days); NEDS
<i>azelastine hcl ophthalmic solution 0.05 %</i>		2	NEDS
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	2	QL (23 per 30 days); NEDS
<i>cromolyn sodium ophthalmic solution 4 %</i>		1	NEDS
<i>epinastine hcl ophthalmic solution 0.05 %</i>		2	NEDS
<i>ipratropium bromide nasal solution 0.03 %</i>		2	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		2	MO; QL (30 per 30 days)
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS			
<i>acetic acid otic solution 2 %</i>		2	NEDS
AZASITE OPHTHALMIC SOLUTION 1 %		4	NEDS
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		2	NEDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	2	NEDS
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	2	NEDS
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		1	QL (30 per 30 days); NEDS
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		4	NEDS
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		2	NEDS
<i>gatifloxacin ophthalmic solution 0.5 %</i>		2	NEDS
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		2	QL (30 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		2	NEDS
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	2	NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	2	NEDS
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	2	NEDS
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	2	NEDS
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		2	NEDS
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		2	NEDS
<i>neomycin-polymyxin-hc otic solution 1 %</i>		2	NEDS
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		2	NEDS
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	2	NEDS
<i>ofloxacin otic solution 0.3 %</i>		2	NEDS
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		1	NEDS
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		1	NEDS
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		2	NEDS
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	NEDS
<i>tobramycin ophthalmic solution 0.3 %</i>		2	QL (20 per 30 days); NEDS
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		2	NEDS
<i>trifluridine ophthalmic solution 1 %</i>		2	NEDS
XDEMVY OPHTHALMIC SOLUTION 0.25 %		4	PA; NEDS
EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		2	NEDS
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	4	MO; FFQL; QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		2	NEDS
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		2	NEDS
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Durezol	2	NEDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		2	QL (50 per 25 days); NEDS
<i>fluocinolone acetonide otic oil 0.01 %</i>	DermOtic	2	NEDS
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	2	NEDS
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		2	NEDS
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Rel Childrens	1	QL (16 per 30 days); NEDS
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	NEDS
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	2	NEDS
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	2	QL (10 per 25 days); NEDS
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Lotemax	2	NEDS
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Lotemax	2	NEDS
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	2	NEDS
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	2	NEDS
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	NEDS
XIIDRA OPHTHALMIC SOLUTION 5 %		3	MO; FFQL; QL (60 per 30 days)

GASTROINTESTINAL AGENTS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ANTIULCER AGENTS AND ACID SUPPRESSANTS			
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	2	NEDS
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		2	MO
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Dexilant	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	2	MO; QL (30 per 30 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		2	MO
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	1	MO
<i>famotidine oral tablet 40 mg</i>	Pepcid	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	1	MO; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	2	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>		1	MO
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>		1	MO; QL (60 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	1	MO; QL (30 per 30 days)
<i>sucralfate oral suspension 1 gm/10ml</i>	Carafate	4	MO; FFQL
<i>sucralfate oral tablet 1 gm</i>	Carafate	1	MO
VOQUEZNA ORAL TABLET 10 MG		4	PA; QL (28 per 14 days); NEDS
VOQUEZNA ORAL TABLET 20 MG		4	PA; NEDS
GASTROINTESTINAL AGENTS, OTHER			
<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>constulose oral solution 10 gm/15ml</i>		2	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	4	MO; FFQL
<i>dicyclomine hcl oral capsule 10 mg</i>		2	NEDS
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		2	NEDS
<i>dicyclomine hcl oral tablet 20 mg</i>		2	NEDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		2	NEDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	2	NEDS
<i>enulose oral solution 10 gm/15ml</i>		2	MO
<i>generlac oral solution 10 gm/15ml</i>		2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		2	NEDS
<i>kionex combination suspension 15 gm/60ml</i>		2	NEDS
<i>lactulose oral solution 10 gm/15ml</i>		2	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	MO; FFQL; QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		4	MO; FFQL
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	2	NEDS
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	2	MO; QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		1	NEDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	1	NEDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days); NEDS
RAVICTI ORAL LIQUID 1.1 GM/ML		5	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>		2	NEDS
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>		2	NEDS
<i>ursodiol oral capsule 300 mg</i>		2	MO
<i>ursodiol oral tablet 250 mg</i>		2	MO
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
XERMELO ORAL TABLET 250 MG		5	PA; QL (90 per 30 days); NEDS
LAXATIVES			
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		2	NEDS
<i>gavilyte-g oral solution reconstituted 236 gm</i>	GaviLyte-G	2	NEDS
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	2	NEDS
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	2	NEDS
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	Suprep Bowel Prep Kit	4	NEDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	2	NEDS
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	2	NEDS
GENITOURINARY AGENTS			
ANTISPASMODICS, URINARY			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		2	NEDS
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		2	MO; QL (30 per 30 days)
<i>flavoxate hcl oral tablet 100 mg</i>		2	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		3	MO; FFQL; QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		3	MO; FFQL; QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>		2	MO; QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		2	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>		1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		2	MO; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg</i>		2	MO; QL (60 per 30 days)
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	2	MO; QL (60 per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		2	MO; QL (30 per 30 days)
<i>trospium chloride oral tablet 20 mg</i>		2	MO; QL (60 per 30 days)
GENITOURINARY AGENTS, MISCELLANEOUS			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	1	MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		4	PA; MO; FFQL
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	2	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Jalyn	2	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	Proscar	1	MO; QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	Rapaflo	2	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>		1	MO; QL (60 per 30 days)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	MO; QL (60 per 30 days)
HEAVY METAL ANTAGONISTS			
HEAVY METAL ANTAGONISTS			
<i>deferasirox oral tablet soluble 125 mg</i>	Exjade	4	PA; MO; FFQL
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Exjade	5	PA; NEDS
<i>deferiprone oral tablet 1000 mg</i>	Ferriprox	5	PA; NEDS
<i>deferiprone oral tablet 500 mg</i>		5	PA; NEDS
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trientine hcl oral capsule 250 mg</i>	Syprine	5	PA; NEDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING			
ANDROGENS			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		4	NEDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Depo-Testosterone	2	PA; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		2	PA; MO
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	2	PA; MO
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>		2	PA; MO
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	2	PA; MO
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	AndroGel Pump	2	PA; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		2	PA; MO; QL (75 per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>		2	PA; MO
ESTROGENS AND ANTIESTROGENS			
<i>abigale lo oral tablet 0.5-0.1 mg</i>	Abigale Lo	2	MO
<i>abigale oral tablet 1-0.5 mg</i>	Abigale	2	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	2	MO
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	Climara	2	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	2	MO
<i>estradiol vaginal tablet 10 mcg</i>	Yuvaferm	2	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Abigale Lo	2	MO
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Abigale	2	MO
<i>fyavolv oral tablet 1-5 mg-mcg</i>	Fyavolv	2	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	Fyavolv	2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	2	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	MO; FFQL
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	MO; FFQL
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	2	MO; QL (30 per 30 days)
<i>yuvaferm vaginal tablet 10 mcg</i>	Yuvaferm	2	MO
GLUCOCORTICOIDS/MINERALOCORTICOIDS			
<i>dexamethasone oral solution 0.5 mg/5ml</i>		2	NEDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		2	NEDS
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	2	NEDS
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	2	NEDS
<i>methylprednisolone oral tablet 32 mg</i>		2	NEDS
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	2	NEDS
<i>prednisolone oral solution 15 mg/5ml</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		2	NEDS
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>		2	NEDS
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Pediapred	2	NEDS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		2	NEDS
<i>prednisone oral solution 5 mg/5ml</i>		2	NEDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		1	NEDS
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		2	NEDS
PITUITARY			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		4	MO; FFQL
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	2	MO
<i>desmopressin acetate spray nasal solution 0.01 %</i>		4	MO; FFQL
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		5	PA; QL (1 per 30 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		5	PA; QL (1 per 90 days)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SandoSTATIN	2	PA-BvsD; MO
<i>octreotide acetate injection solution 1000 mcg/ml</i>		5	PA-BvsD; NEDS
<i>octreotide acetate injection solution 200 mcg/ml</i>		2	PA-BvsD; MO
<i>octreotide acetate injection solution 500 mcg/ml</i>	SandoSTATIN	5	PA-BvsD; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ORGOVYX ORAL TABLET 120 MG		5	PA; QL (60 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; QL (60 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 25 MG, 30 MG		5	PA; QL (30 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG		5	PA; QL (60 per 30 days); NEDS
SYNAREL NASAL SOLUTION 2 MG/ML		5	PA; NEDS
PROGESTINS			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	Gallifrey	2	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	2	QL (1 per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	2	QL (1 per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>		4	PA; HRM; NEDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>		4	PA; MO; FFQL; HRM
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	2	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	2	MO
THYROID AND ANTITHYROID AGENTS			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	1	MO
<i>levothyroxine sodium oral tablet 300 mcg</i>	Synthroid	1	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	1	MO
<i>methimazole oral tablet 10 mg, 5 mg</i>		1	MO
<i>propylthiouracil oral tablet 50 mg</i>		2	MO
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; NEDS
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	MO; FFQL
IMMUNOLOGICAL AGENTS			
IMMUNOLOGICAL AGENTS			
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Pen)	5	PA; Only NDCs starting with 00597; QL (4 per 28 days); NEDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	Cyltezo (2 Syringe)	5	PA; Only NDCs starting with 00597; QL (2 per 28 days); NEDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Syringe)	5	PA; Only NDCs starting with 00597; QL (6 per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA-BvsD; NEDS
<i>azathioprine oral tablet 50 mg</i>	Imuran	2	PA-BvsD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; QL (8 per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML		5	PA; QL (8 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		5	PA; QL (4 per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML		5	PA; QL (8 per 28 days); NEDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	2	PA-BvsD; MO
<i>cyclosporine modified oral capsule 50 mg</i>		2	PA-BvsD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	4	PA-BvsD; MO; FFQL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	4	PA-BvsD; MO; FFQL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		5	PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		5	PA; NEDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/ML		5	PA; QL (8 per 28 days); NEDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		4	PA-BvsD; MO; FFQL
<i>everolimus oral tablet 0.25 mg</i>	Zortress	4	PA-BvsD; MO; FFQL

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	5	PA-BvsD; NEDS
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		5	PA-BvsD; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		5	PA-BvsD; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		5	PA-BvsD; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA-BvsD; NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	2	MO; QL (30 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	2	PA-BvsD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	5	PA-BvsD; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	2	PA-BvsD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	2	PA-BvsD; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		5	PA; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML		5	PA; QL (4 per 28 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML		5	PA; QL (2 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML		5	PA; QL (3 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG		5	PA; QL (60 per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		5	PA; QL (55 per 28 days); NEDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA-BvsD; MO; FFQL
REZUROCK ORAL TABLET 200 MG		5	PA; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML		5	PA; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		5	PA; QL (30 per 30 days); NEDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		3	PA; MO; FFQL; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; QL (1 per 28 days); NEDS
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		5	PA; QL (3 per 28 days); NEDS
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		5	PA; QL (3 per 28 days); NEDS
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		5	PA; QL (6 per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		5	PA; QL (2 per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		5	PA; QL (6 per 28 days); NEDS
<i>sirolimus oral solution 1 mg/ml</i>		4	PA-BvsD; MO; FFQL

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		4	PA-BvsD; MO; FFQL
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; QL (3 per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML		5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML		5	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; QL (3 per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA; QL (1 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		5	PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; QL (1 per 28 days); NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	4	PA-BvsD; MO; FFQL
TAVNEOS ORAL CAPSULE 10 MG		5	PA; QL (180 per 30 days); NEDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		5	PA; QL (4 per 28 days); NEDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA; QL (4 per 28 days); NEDS
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	Stelara	5	PA; QL (1 per 28 days); NEDS
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	Stelara	5	PA; QL (0.5 per 28 days); NEDS
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	Stelara	5	PA; QL (1 per 28 days); NEDS
VACCINES			

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		1	NEDS
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		1	NEDS
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		1	NEDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		1	NEDS
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG		1	NEDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		1	NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		1	NEDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		1	NEDS
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML		1	PA-BvsD; NEDS
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML		1	PA-BvsD; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML		1	NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NEDS
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML		1	NEDS
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML		1	PA-BvsD; NEDS
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		1	NEDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML		1	PA-BvsD; NEDS
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		1	NEDS
IPOL INJECTION INJECTABLE		1	NEDS
IXIARO INTRAMUSCULAR SUSPENSION		1	NEDS
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML		1	NEDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NEDS
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML		1	NEDS
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		1	NEDS
M-M-R II INJECTION SOLUTION RECONSTITUTED		1	NEDS
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		1	NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		1	NEDS
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		1	NEDS
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	NEDS
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	NEDS
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	NEDS
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		1	NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION		1	NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NEDS
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	PA-BvsD; NEDS
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		1	PA-BvsD; NEDS
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML		1	PA-BvsD; NEDS
ROTARIX ORAL SUSPENSION		1	NEDS
ROTATEQ ORAL SOLUTION		1	NEDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		1	NEDS
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		1	NEDS
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		1	NEDS
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML		1	NEDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NEDS
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		1	NEDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML		1	NEDS
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		1	NEDS
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		1	NEDS
VAXCHORA ORAL SUSPENSION RECONSTITUTED		1	NEDS
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		1	NEDS
VIVOTIF ORAL CAPSULE DELAYED RELEASE		1	NEDS
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)		1	NEDS

INFLAMMATORY BOWEL DISEASE AGENTS

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alosetron hcl oral tablet 0.5 mg</i>	Lotronex	4	PA; MO; FFQL
<i>alosetron hcl oral tablet 1 mg</i>	Lotronex	5	PA; NEDS
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	2	NEDS
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	5	NEDS
<i>budesonide oral capsule delayed release particles 3 mg</i>		4	NEDS
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	4	NEDS
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	2	MO; QL (120 per 30 days)
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	4	MO; FFQL
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	2	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mesalamine rectal enema 4 gm</i>		4	NEDS
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	4	NEDS
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	2	MO
IRRIGATING SOLUTIONS			
IRRIGATING SOLUTIONS			
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	3	NEDS
METABOLIC BONE DISEASE AGENTS			
METABOLIC BONE DISEASE AGENTS			
<i>alendronate sodium oral solution 70 mg/75ml</i>		2	MO; QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>		1	MO; QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		1	MO; QL (4 per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	1	MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		2	PA-BvsD; MO; QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	2	MO
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	2	MO
<i>cinacalcet hcl oral tablet 30 mg</i>	Sensipar	4	PA-BvsD; MO; FFQL; QL (120 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	Sensipar	4	PA-BvsD; MO; FFQL; QL (150 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	Sensipar	2	PA-BvsD; MO; QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>		2	MO; QL (1 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	2	MO
<i>paricalcitol oral capsule 4 mcg</i>		2	MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		4	PA; QL (1 per 180 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risedronate sodium oral tablet 150 mg</i>	Actonel	2	MO; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>		2	QL (30 per 30 days); NEDS
<i>risedronate sodium oral tablet 35 mg (12 pack)</i>	Actonel	2	MO; QL (12 per 84 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (4 pack)</i>	Actonel	2	MO; QL (4 per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>		2	MO; QL (30 per 30 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Atelvia	2	MO; QL (4 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		5	PA; QL (1.7 per 28 days); NEDS
MISCELLANEOUS THERAPEUTIC AGENTS			
MISCELLANEOUS THERAPEUTIC AGENTS			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		5	PA-BvsD; NEDS
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		3	NEDS
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		3	NEDS
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		2	NEDS
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	5	NEDS
ELMIRON ORAL CAPSULE 100 MG		4	NEDS
<i>glucagon emergency injection kit 1 mg</i>		3	NEDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		2	PA; HRM; NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	NEDS
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	2	MO
<i>l-glutamine oral packet 5 gm</i>	Endari	2	PA; QL (180 per 30 days); NEDS
<i>mesna oral tablet 400 mg</i>	Mesnex	2	NEDS
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	4	NEDS
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Mestinon	2	NEDS
<i>pyridostigmine bromide oral tablet 30 mg</i>		2	NEDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	2	NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		5	PA; QL (4 per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; QL (2 per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; QL (4 per 28 days); NEDS
THALOMID ORAL CAPSULE 100 MG		5	PA; QL (112 per 28 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG		5	PA; QL (56 per 28 days); NEDS
THALOMID ORAL CAPSULE 50 MG		5	PA; QL (224 per 28 days); NEDS
TYBOST ORAL TABLET 150 MG		3	MO; FFQL; QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		4	PA; MO; FFQL; QL (30 per 30 days)
VIJOICE ORAL PACKET 50 MG		5	PA; NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG		5	PA; NEDS
VOWST ORAL CAPSULE		5	PA; QL (12 per 30 days); NEDS
OPHTHALMIC AGENTS			
ANTIGLAUCOMA AGENTS			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		2	MO
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	MO; QL (5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Alphagan P	3	MO; FFQL
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Alphagan P	2	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		2	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	2	MO
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	4	MO; FFQL
<i>carteolol hcl ophthalmic solution 1 %</i>		2	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>		2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	2	MO
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	1	MO; QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	MO; FFQL; QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>		2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		2	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		4	MO; FFQL
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		4	MO; FFQL
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	MO; FFQL
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Betimol	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		2	MO

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>timolol maleate ophthalmic solution 0.25 % , 0.5 %</i>		1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	2	MO; QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		4	MO; FFQL; QL (2.5 per 25 days)
REPLACEMENT PREPARATIONS			
REPLACEMENT PREPARATIONS			
<i>dextrose-nacl intravenous solution 5-0.9 %</i>		2	NEDS
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %		2	PA-BvsD; NEDS
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2.5-0.45 %		2	NEDS
<i>dextrose-sodium chloride intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>		2	NEDS
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	NEDS
ISOLYTE-S INTRAVENOUS SOLUTION		4	PA-BvsD; NEDS
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		4	PA-BvsD; NEDS
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>		2	NEDS
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%		2	NEDS
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		2	NEDS
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		1	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>		1	NEDS
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	Plasma-Lyte 148	2	NEDS
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Plasma-Lyte A	2	NEDS
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	1	MO
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Klor-Con M15	1	MO
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		2	MO
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	1	MO
<i>potassium chloride er oral tablet extended release 20 meq</i>		1	MO
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	1	MO
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		2	NEDS
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML		2	NEDS
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>		2	NEDS
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 40 MEQ/100ML		3	NEDS
<i>potassium chloride oral packet 20 meq</i>	Klor-Con	2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		2	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	2	NEDS
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		2	NEDS
POTASSIUM CL IN DEXTROSE 5% INTRAVENOUS SOLUTION 20 MEQ/L		3	PA-BvsD; NEDS
<i>sodium chloride intravenous solution 0.45 %</i>		4	NEDS
<i>sodium chloride intravenous solution 0.9 %</i>		2	NEDS
<i>sodium chloride intravenous solution 3 %, 5 %</i>		3	NEDS
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		2	PA-BvsD; NEDS
RESPIRATORY TRACT AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	MO; FFQL; QL (30 per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		3	MO; FFQL; QL (1 per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		3	MO; FFQL; QL (1 per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		3	MO; FFQL; QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT		3	MO; FFQL; QL (26 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		3	MO; FFQL; QL (60 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	3	MO; FFQL; QL (10.3 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	4	PA-BvsD; MO; FFQL
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	2	MO; QL (10.2 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>		4	MO; FFQL; QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>		4	MO; FFQL; QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Wixela Inhub	2	MO; QL (60 per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Wixela Inhub	2	MO; QL (60 per 30 days)
ANTILEUKOTRIENES			
<i>montelukast sodium oral packet 4 mg</i>	Singulair	2	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	1	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	1	MO; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	2	MO; QL (60 per 30 days)
BRONCHODILATORS			
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	2	MO; QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Ventolin HFA	2	MO; QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Ventolin HFA	2	MO; QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		1	PA-BvsD; MO; QL (360 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		1	PA-BvsD; MO; QL (360 per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>		1	PA-BvsD; MO; QL (100 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		2	MO
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		4	MO; FFQL; QL (26 per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		3	MO; FFQL; QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		4	MO; FFQL; QL (4 per 20 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		2	PA-BvsD; MO; QL (252 per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		2	PA-BvsD; MO; QL (540 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		2	PA-BvsD; MO; QL (540 per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	2	MO; QL (30 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		3	MO; FFQL; QL (2 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		3	MO; FFQL; QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	MO; FFQL; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	MO; FFQL; QL (4 per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		4	MO; FFQL

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		2	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		2	MO
<i>theophylline oral solution 80 mg/15ml</i>		4	MO; FFQL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	2	MO; QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		3	MO; FFQL; QL (60 per 30 days)
RESPIRATORY TRACT AGENTS, OTHER			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		2	PA-BvsD; NEDS
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG		5	PA; NEDS
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		2	PA-BvsD; MO
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
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		5	PA; NEDS
KALYDECO ORAL TABLET 150 MG		5	PA; NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG		5	PA; NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; NEDS
<i>pirfenidone oral capsule 267 mg</i>	Esbriet	5	PA; NEDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	5	PA; NEDS
<i>pirfenidone oral tablet 534 mg</i>		5	PA; NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		5	PA-BvsD; NEDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	4	MO; FFQL; QL (30 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG		5	PA; QL (84 per 28 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		5	PA; QL (1 per 21 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
SKELETAL MUSCLE RELAXANTS			
SKELETAL MUSCLE RELAXANTS			
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>		2	NEDS
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		2	PA; HRM; NEDS
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		2	NEDS
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	2	NEDS
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		2	PA; HRM; NEDS
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>		2	NEDS
<i>tizanidine hcl oral tablet 2 mg</i>		1	NEDS
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	1	NEDS
SLEEP DISORDER AGENTS			
SLEEP DISORDER AGENTS			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	2	PA; MO; QL (30 per 30 days)

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days); NEDS
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Silenor	2	QL (30 per 30 days); NEDS
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	2	PA; MO; QL (30 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	Rozerem	2	QL (30 per 30 days); NEDS
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	5	PA; QL (540 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>		2	PA; HRM; QL (30 per 30 days); NEDS
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	2	PA; HRM; QL (30 per 30 days); NEDS
VASODILATING AGENTS			
VASODILATING AGENTS			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; QL (90 per 30 days); NEDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	5	PA; QL (30 per 30 days); NEDS
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	5	PA; QL (60 per 30 days); NEDS
<i>bosentan oral tablet soluble 32 mg</i>	Tracleer	5	PA; QL (112 per 28 days); NEDS
OPSUMIT ORAL TABLET 10 MG		5	PA; QL (30 per 30 days); NEDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Viagra	2	EXCL; QL (7 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	2	PA; MO; QL (90 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		2	PA; MO; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Cialis	2	PA; MO; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (60 per 30 days); NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
UPTRAVI ORAL TABLET 200 MCG		5	PA; QL (240 per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		5	PA; NEDS
<i>varденаfil hcl oral tablet 10 mg, 20 mg</i>		2	EXCL; QL (7 per 30 days)
VITAMINS AND MINERALS			
VITAMINS AND MINERALS			
C-NATE DHA ORAL CAPSULE 28-1-200 MG		2	NEDS
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		2	NEDS
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>		2	MO
FOLIVANE-OB ORAL CAPSULE 85-1 MG		2	NEDS
KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG		2	NEDS
M-NATAL PLUS ORAL TABLET 27-1 MG		2	NEDS
<i>nafrinse drops oral solution 0.275 (0.125 f) mg/drop</i>		2	MO
NIVA-PLUS ORAL TABLET 27-1 MG		2	NEDS
OBSTETRIX DHA ORAL 29-1 & 350 MG		2	NEDS
PNV 27-CA/FE/FA ORAL TABLET 60-1 MG		2	NEDS
PNV TABS 29-1 ORAL TABLET 29-1 MG		2	NEDS
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		2	NEDS
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		2	NEDS
PRENA 1 TRUE ORAL 30-1.4 & 300 MG		2	NEDS
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG		2	NEDS
PRENATABS FA ORAL TABLET 29-1 MG		2	NEDS
PRENATAL ORAL TABLET 27-1 MG		2	NEDS
PRENATAL-U ORAL CAPSULE 106.5-1 MG		2	NEDS
PREPLUS ORAL TABLET 27-1 MG		2	NEDS
PRETAB ORAL TABLET 29-1 MG		2	NEDS
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG		2	NEDS
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		2	NEDS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	2	MO
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>		2	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		2	MO
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		2	MO
TARON-C DHA ORAL CAPSULE 35-1 MG		2	NEDS
TARON-PREX ORAL CAPSULE 30-1.2-265 MG		2	NEDS
VIRT-C DHA ORAL CAPSULE 53.5-38-1 MG		2	NEDS
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		2	NEDS
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		2	NEDS
VIRT-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		2	NEDS
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG		2	NEDS
VITAFOL-OB+DHA ORAL 65-1 & 250 MG		2	NEDS
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG		2	NEDS

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DRUG NAME	Reference	DRUG TIER	REQUIREMENTS/ LIMITS
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		2	NEDS
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		2	NEDS

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<i>valsartan-hydrochlorothiazide</i>		VIRT-NATE DHA	140	WEEKLY).....	26
.....	67	VIRT-PN DHA.....	140	XPOVIO (40 MG ONCE	
VALTOCO 10 MG DOSE	31	VIRT-PN PLUS.....	140	WEEKLY).....	26
VALTOCO 15 MG DOSE	31	VITAFOL GUMMIES	140	XPOVIO (40 MG TWICE	
VALTOCO 20 MG DOSE	31	VITAFOL-OB+DHA.....	140	WEEKLY).....	26
VALTOCO 5 MG DOSE	31	VITRAKVI.....	26	XPOVIO (60 MG ONCE	
VALUE HEALTH INSULIN		VIVOTIF	126	WEEKLY).....	27
SYRINGE.....	105	VIZIMPRO	26	XPOVIO (60 MG TWICE	
<i>vancomycin hcl</i>	8	VONJO	26	WEEKLY).....	27
VANDAZOLE	47	VOQUEZNA	110	XPOVIO (80 MG ONCE	
VANFLYTA.....	25	VORANIGO	26	WEEKLY).....	27
VANISHPOINT INSULIN		<i>voriconazole</i>	45	XPOVIO (80 MG TWICE	
SYRINGE.....	105	VOWST	129	WEEKLY).....	27
VAQTA	126	VP INSULIN SYRINGE.....	105	XTANDI.....	27
<i>varденаfil hcl</i>	139	VP-PNV-DHA.....	140	<i>xulane</i>	80
<i>varenicline tartrate</i>	6	VRAYLAR.....	56, 57	Y	
<i>varenicline tartrate (starter)</i>	6	VUMERITY	78	YF-VAX	126
VARIVAX.....	126	<i>vyfemla</i>	80	YONSA	27
VAXCHORA	126	VYZULTA	131	<i>yuvafem</i>	115
VEMLIDY.....	61	W		Z	
VENCLEXTA	25	<i>warfarin sodium</i>	64	<i>zafemy</i>	80
VENCLEXTA STARTING		WEBCOL ALCOHOL PREP		<i>zafirlukast</i>	134
PACK	25	LARGE.....	106	<i>zaleplon</i>	138
				ZARXIO	65

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ZATEAN-PN DHA	141	ZEVRX STERILE ALCOHOL		ZONISADE	32
ZATEAN-PN PLUS	141	PREP PAD.....	106	<i>zonisamide</i>	32
ZEJULA	27	<i>zidovudine</i>	61	<i>zovia 1/35 (28)</i>	80
ZELBORAF	27	<i>ziprasidone hcl</i>	57	ZTALMY.....	32
<i>zenatane</i>	81	<i>ziprasidone mesylate</i>	57	ZURZUVAE.....	37
ZENPEP	106	ZOLINZA.....	27	ZYDELIG	27
		<i>zolpidem tartrate</i>	138	ZYKADIA	27

MCS Classicare is an HMO plan offered by MCS Advantage, Inc.

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit www.mcsclassicare.com

Complete Health

MCS Classicare

(HMO)



1.866.627.8183

(Toll Free)



1.866.627.8182

TTY (Hearing impaired)

Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. Our hours of operation from April 1 to September 30 are
Monday through Friday 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.