2025 Formulary

(List of Covered Drugs
or "Drug List")

Highmark Health Options Duals

(HMO SNP)

This formulary was updated on 7/1/2025.

For more recent information or other questions, please contact Highmark Health Options Duals Member Service at **1-855-401-8251 (TTY users should call 711)**.

PLEASE READ: This document contains information about the drugs we cover in these plans.

Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, our business hours are 8 a.m. - 8 p.m., Monday through Friday.

Visit us at **HighmarkHealthOptions.com/Duals.**

MedicareRx
Prescription Drug Coverage

HIGHMARK

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Last updated
7/1/2025

Note to existing members: This formulary may have 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 Highmark Health Option Duals. When it refers to "plan" or "our plan," it means Highmark Health Option Duals.

This document includes a Drug List (formulary) for our plan which is current as of July 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Highmark Health Option Duals 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 Highmark Health Option Duals 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. Highmark Health Option Duals will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Highmark Health Option Duals network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Highmark Health Option Duals, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary change?

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

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 Highmark Health Options Duals'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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of July 1, 2025. To get updated information about the drugs covered by Highmark Health Options Duals please contact us. Our contact information appears on the front and back cover pages. In the event we make changes to our Formulary throughout the year, a Formulary Update Notice will be provided detailing date of change, drug affected, description and reason for change. 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.

How do I use the 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 Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 3. 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 95. 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?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapters 3 for MA-PD and 3 for PDP, 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:** Highmark Health Options Duals requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Highmark Health Options Duals before you fill your prescriptions. If you don't get approval, Highmark Health Options Duals may not cover the drug.
- **Quantity Limits:** For certain drugs, Highmark Health Options Duals limits the amount of the drug that we will cover. For example, Highmark Health Options Duals provides 60 tablets per prescription for a 30-day supply of metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Highmark Health Options Duals 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, Highmark Health Options Duals may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Highmark Health Options Duals 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 3. 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 Highmark Health Options Duals 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 Highmark Health Options Duals Formulary?" on page vi 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 Member Services and ask if your drug is covered.

If you learn that Highmark Health Options Duals does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Highmark Health Options Duals. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Highmark Health Options Duals.
- You can ask Highmark Health Options Duals 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 Highmark Health Options Duals Formulary?

You can ask Highmark Health Options Duals 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.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Highmark Health Options Duals will only approve your request for an exception if the alternative drug is included on the plan's formulary, or applying the restrictions would not be as effective for you and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a 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 for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

For more information

For more detailed information about your Highmark Health Options Duals prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Highmark Health Options Duals Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Highmark Health Options Duals. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

The information in the Requirements/Limits column tells you if Highmark Health Options Duals has any special requirements for coverage of your drug.

Drug Tier	Member Cost Share
Tier 1 - covered formulary drugs	$0

Table of Contents

Antihistamine Drugs 3
Anti-Infective Agents 3
Antineoplastic Agents 14
Autonomic Drugs 28
Blood Formation, Coagulation, And Thrombosis 30
Cardiovascular Drugs 32
Central Nervous System Agents 36
Electrolytic, Caloric, And Water Balance 54
Eye, Ear, Nose, And Throat (Eent) Preparations 56
Gastrointestinal Drugs 59
Heavy Metal Antagonists 62
Hormones And Synthetic Substitutes 62
Miscellaneous Therapeutic Agents 73
Nutritional/Supplements 82
Pharmaceutical Aids 83
Respiratory Tract Agents 86
Serums, Toxoids, And Vaccines 89
Skin And Mucous Membrane Agents 91
Smooth Muscle Relaxants 95

Requirements/Limits
***** = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our drug list.
B/D = This drug may be covered under Medicare Part B or D
NEDS = For certain kinds of drugs, you may only fill up to a 30 day supply.
PA = Prior Authorization
PA (NS) = Prior Authorization for New Starts Only
QL = Quantity Limit
ST = Step Therapy
ST (NS) = Step Therapy for New Starts Only

italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
1 = All Meds

Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
Antihistamine Drugs		
Cetirizine HCl Oral Solution	1	
Cyproheptadine HCl Oral	1	PA; NEDS
Levocetirizine Dihydrochloride Oral	1	
Promethazine HCl Oral Solution 6.25 MG/5ML	1	PA; QL (1800 ML per 30 days); NEDS
Promethazine HCl Oral Tablet	1	PA; NEDS
Anti-Infective Agents		
Aminoglycosides		
Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML	1	
ARIKAYCE	1	PA; QL (252 ML per 30 days); NEDS
Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%	1	
Gentamicin Sulfate Injection	1	
KITABIS PAK (W/ NEBULIZER)	1	B/D; *; Not available at mail-order; QL (280 ML per 28 days); NEDS
Neomycin Sulfate Oral	1	
Streptomycin Sulfate Intramuscular	1	

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

Drug Name	Drug Tier	Requirements/Limits
Tobramycin Inhalation Nebulization Solution 300 MG/4ML	1	B/D; *; Not available at mail-order; QL (224 ML per 28 days); NEDS
Tobramycin Inhalation Nebulization Solution 300 MG/5ML	1	B/D; *; Not available at mail-order; QL (280 ML per 28 days); NEDS
Tobramycin Sulfate Injection Solution	1	
Anthelmintics		
Albendazole Oral	1	
Ivermectin Oral Tablet 3 MG	1	
Praziquantel Oral	1	
Antibacterials, Miscellaneous		
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1	
Clindamycin HCl Oral Capsule 150 MG, 300 MG	1	QL (120 EA per 30 days)
Clindamycin HCl Oral Capsule 75 MG	1	
Clindamycin Palmitate HCl	1	
Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML	1	
Colistimethate Sodium (CBA)	1	NEDS
Dapsone Oral	1	
DAPTOmycin	1	NEDS
Ertapenem Sodium	1	
Linezolid in Sodium Chloride	1	NEDS
Linezolid Intravenous Solution 600 MG/300ML	1	NEDS
Linezolid Oral Suspension Reconstituted	1	NEDS
Linezolid Oral Tablet	1	QL (60 EA per 30 days); NEDS
Vancomycin HCl Intravenous Solution 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	1	NEDS
Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 1.25 GM, 1.5 GM, 10 GM, 100 GM, 250 MG, 5 GM, 500 MG, 750 MG	1	NEDS
Vancomycin HCl Oral Capsule 125 MG	1	QL (120 EA per 30 days); NEDS
Vancomycin HCl Oral Capsule 250 MG	1	QL (240 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ABELCET	1	B/D; NEDS
AMBISOME	1	B/D; NEDS
Amphotericin B Intravenous	1	B/D; NEDS
Amphotericin B Liposome	1	B/D; NEDS
Caspofungin Acetate	1	NEDS
Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%	1	
Fluconazole Oral	1	
Flucytosine Oral	1	NEDS
Griseofulvin Microsize Oral Suspension	1	
Griseofulvin Microsize Oral Tablet	1	NEDS
Griseofulvin Ultramicrosize Oral Tablet 125 MG	1	
Griseofulvin Ultramicrosize Oral Tablet 250 MG	1	NEDS
Itraconazole Oral Capsule	1	QL (120 EA per 30 days); NEDS
Itraconazole Oral Solution	1	NEDS
Ketoconazole Oral	1	
Micafungin Sodium-NaCl	1	NEDS
Nystatin Mouth/Throat	1	
Nystatin Oral Tablet	1	
Posaconazole Oral Suspension	1	PA; QL (630 ML per 30 days); NEDS
Posaconazole Oral Tablet Delayed Release	1	PA; QL (93 EA per 30 days); NEDS
Terbinafine HCl Oral	1	QL (30 EA per 30 days)
Voriconazole Intravenous	1	PA; NEDS
Voriconazole Oral Suspension Reconstituted	1	QL (300 ML per 30 days); NEDS
Voriconazole Oral Tablet 200 MG	1	QL (60 EA per 30 days); NEDS
Voriconazole Oral Tablet 50 MG	1	QL (120 EA per 30 days); NEDS
Antimalarials		
Atovaquone Oral	1	NEDS
Atovaquone-Proguanil HCl	1	
Chloroquine Phosphate Oral	1	
COARTEM	1	
Hydroxychloroquine Sulfate Oral Tablet 100 MG, 200 MG	1	
Mefloquine HCl	1	

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

Drug Name	Drug Tier	Requirements/Limits
Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG	1	
Pyrimethamine Oral	1	NEDS
QuiNINE Sulfate Oral	1	
Antiprotozoals, Miscellaneous		
metroNIDAZOLE Intravenous Solution 500 MG/100ML	1	
metroNIDAZOLE Oral Tablet 250 MG, 500 MG	1	
Nitazoxanide Oral	1	QL (6 EA per 30 days); NEDS
Pentamidine Isethionate Inhalation	1	B/D
Pentamidine Isethionate Injection	1	
Tinidazole Oral	1	
Antiretrovirals		
Abacavir Sulfate	1	
Abacavir Sulfate-lamiVUDine	1	
APRETUDE	1	NEDS
APTIVUS ORAL CAPSULE	1	NEDS
Atazanavir Sulfate	1	
BIKTARVY	1	NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	1	QL (4 ML per 28 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	1	QL (6 ML per 28 days); NEDS
CIMDUO	1	NEDS
COMPLERA	1	NEDS
Darunavir Oral Tablet 600 MG	1	QL (60 EA per 30 days); NEDS
Darunavir Oral Tablet 800 MG	1	QL (30 EA per 30 days); NEDS
DELSTRIGO	1	NEDS
DESCOVY	1	NEDS
DOVATO	1	NEDS
EDURANT	1	NEDS
Efavirenz	1	
Efavirenz-Emtricitab-Tenofo DF	1	NEDS
Efavirenz-lamiVUDine-Tenofovir	1	
Emtricitabine	1	

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

Drug Name	Drug Tier	Requirements/Limits
Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG	1	NEDS
Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG	1	
EMTRIVA ORAL SOLUTION	1	
EPCLUSA ORAL TABLET 200-50 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
Etravirine Oral Tablet 100 MG	1	QL (120 EA per 30 days); NEDS
Etravirine Oral Tablet 200 MG	1	QL (60 EA per 30 days); NEDS
EVOTAZ	1	QL (30 EA per 30 days); NEDS
Fosamprenavir Calcium	1	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	NEDS
GENVOYA	1	NEDS
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
ISENTRESS HD	1	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	1	
ISENTRESS ORAL TABLET	1	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	1	NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	1	
JULUCA	1	NEDS
lamiVUDine Oral Solution 10 MG/ML	1	
LamiVUDine Oral Tablet	1	
lamiVUDine-Zidovudine	1	
Lopinavir-Ritonavir	1	
Maraviroc Oral Tablet 150 MG	1	QL (60 EA per 30 days); NEDS
Maraviroc Oral Tablet 300 MG	1	QL (120 EA per 30 days); NEDS
Nevirapine	1	
Nevirapine ER	1	
NORVIR ORAL PACKET	1	
NORVIR ORAL SOLUTION	1	
ODEFSEY	1	NEDS
PIFELTRO	1	NEDS
PREZCOBIX	1	QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	1	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	1	QL (240 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	1	QL (480 EA per 30 days)
REYATAZ ORAL PACKET	1	NEDS
Ritonavir	1	
RUKOBIA	1	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL SOLUTION	1	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	QL (480 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	QL (60 EA per 30 days); NEDS
Stavudine Oral Capsule	1	
STRIBILD	1	NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (4 EA per 180 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (5 EA per 180 days); NEDS
SUNLENCA SUBCUTANEOUS	1	QL (3 ML per 180 days); NEDS
SYMTUZA	1	QL (30 EA per 30 days); NEDS
Tenofovir Disoproxil Fumarate	1	
TIVICAY ORAL TABLET 10 MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days); NEDS
TIVICAY PD	1	QL (180 EA per 30 days); NEDS
TRIUMEQ	1	NEDS
Triumeq PD	1	NEDS
TRIZIVIR	1	NEDS
VIRACEPT ORAL TABLET	1	NEDS
VIREAD ORAL POWDER	1	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NEDS
Zidovudine	1	
Antituberculosis Agents		
Ethambutol HCl Oral	1	
Isoniazid Oral	1	
PRIFTIN	1	NEDS
Pyrazinamide Oral	1	
Rifabutin	1	NEDS
Rifampin Intravenous	1	
rifAMPin Oral	1	
SIRTURO	1	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
TRECATOR	1	
Antivirals		
Acyclovir Oral Capsule	1	
Acyclovir Oral Suspension 200 MG/5ML	1	
Acyclovir Oral Tablet	1	
Acyclovir Sodium Intravenous Solution	1	B/D
Adefovir Dipivoxil	1	NEDS
BARACLUDE ORAL SOLUTION	1	NEDS
Entecavir	1	NEDS
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG	1	PA; *; Not available at mail-order; QL (56 EA per 28 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
EPIVIR HBV ORAL SOLUTION	1	NEDS
Famciclovir Oral	1	
HARVONI ORAL PACKET 33.75-150 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
HARVONI ORAL PACKET 45-200 MG	1	PA; *; Not available at mail-order; QL (56 EA per 28 days); NEDS
HARVONI ORAL TABLET 45-200 MG	1	PA; *; Not available at mail-order; QL (56 EA per 28 days); NEDS
HARVONI ORAL TABLET 90-400 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
LAGEVRIO	1	QL (360 EA per 365 days); NEDS
LIVTENCITY	1	PA; QL (120 EA per 30 days); NEDS
MAVYRET ORAL PACKET	1	PA; *; Not available at mail-order; QL (140 EA per 28 days); NEDS
MAVYRET ORAL TABLET	1	PA; *; Not available at mail-order; QL (90 EA per 30 days); NEDS
Oseltamivir Phosphate Oral Capsule 30 MG	1	QL (84 EA per 180 days)
Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG	1	QL (42 EA per 180 days)
Oseltamivir Phosphate Oral Suspension Reconstituted	1	QL (540 ML per 180 days)
PAXLOVID (150/100)	1	QL (40 EA per 30 days); NEDS
PAXLOVID (300/100)	1	QL (60 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	*; Not available at mail-order; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	*; Not available at mail-order; NEDS
PREVYMIS ORAL PACKET	1	PA; QL (120 EA per 30 days); NEDS
PREVYMIS ORAL TABLET	1	PA; QL (28 EA per 28 days); NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	
Ribavirin Oral Capsule	1	*; Not available at mail-order
Ribavirin Oral Tablet 200 MG	1	*; Not available at mail-order
riMANTAdine HCl	1	
SYNAGIS	1	PA; *; Not available at mail-order; NEDS
valACYclovir HCl Oral Tablet 1 GM	1	
valACYclovir HCl Oral Tablet 500 MG	1	NEDS
valGANciclovir HCl Oral Solution Reconstituted	1	NEDS
valGANciclovir HCl Oral Tablet	1	
VEMLIDY	1	NEDS
VOSEVI	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Cephalosporins		
Cefaclor ER	1	
Cefaclor Oral Capsule	1	
Cefadroxil	1	
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	1	
CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM	1	
CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%, 2-4 GM/100ML-%	1	
CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-3 GM-%, 2-3 GM-%(50ML)	1	
Cefdinir	1	
Cefepime HCl Injection Solution Reconstituted 1 GM	1	
Cefepime HCl Intravenous Solution	1	

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

Drug Name	Drug Tier	Requirements/Limits
Cefepime HCl Intravenous Solution Reconstituted 2 GM	1	
Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	1	
Cefixime	1	
Cefpodoxime Proxetil	1	
Cefprozil	1	
cefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	1	
CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM	1	
cefTAZidime Intravenous	1	
CefTRIAXone Sodium in Dextrose	1	
cefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	1	
cefTRIAXone Sodium Intravenous	1	
CefTRIAXone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	1	
Cefuroxime Axetil Oral Tablet	1	
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	1	
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	1	
Cephalexin Oral Capsule 250 MG, 500 MG	1	
Cephalexin Oral Suspension Reconstituted	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1	
TEFLARO	1	PA; NEDS
Macrolides		
Azithromycin Intravenous	1	
Azithromycin Oral Suspension Reconstituted	1	
Azithromycin Oral Tablet	1	
Clarithromycin ER	1	
Clarithromycin Oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL SUSPENSION RECONSTITUTED	1	ST; QL (136 ML per 10 days); NEDS
DIFICID ORAL TABLET	1	ST; QL (20 EA per 10 days); NEDS
ERY-TAB	1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
Erythromycin Base Oral Tablet	1	
Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML	1	
Erythromycin Ethylsuccinate Oral Tablet	1	
Erythromycin Oral	1	
Erythromycin Stearate Oral Tablet 250 MG	1	
Miscellaneous B-Lactam Antibiotics		
Aztreonam	1	
CAYSTON	1	*; Not available at mail-order; NEDS
cefOXitin Sodium Intravenous	1	
CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	1	
Imipenem-Cilastatin	1	
Meropenem Intravenous Solution Reconstituted 1 GM	1	QL (90 EA per 30 days)
Meropenem Intravenous Solution Reconstituted 500 MG	1	
Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML	1	
Penicillins		
Amoxicillin Oral Capsule	1	
Amoxicillin Oral Suspension Reconstituted	1	
Amoxicillin Oral Tablet	1	
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	1	
Amoxicillin-Pot Clavulanate ER	1	
Amoxicillin-Pot Clavulanate Oral	1	
Ampicillin Oral Capsule 500 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG	1	
Ampicillin Sodium Intravenous	1	
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	1	
Ampicillin-Sulbactam Sodium Intravenous	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
Dicloxacillin Sodium	1	
Oxacillin Sodium in Dextrose	1	
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	1	
Oxacillin Sodium Intravenous	1	
Penicillin G Potassium	1	
Penicillin V Potassium	1	
PFIZERPEN	1	
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	1	
ZOSYN INTRAVENOUS SOLUTION	1	
Quinolones		
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG	1	
Ciprofloxacin HCl Oral Tablet 750 MG	1	QL (60 EA per 30 days)
Ciprofloxacin in D5W	1	
levoFLOXacin in D5W	1	
levoFLOXacin Intravenous	1	
levoFLOXacin Ophthalmic Solution 1.5 %	1	
levoFLOXacin Oral	1	
Moxifloxacin HCl in NaCl	1	
Moxifloxacin HCl Intravenous	1	
Moxifloxacin HCl Oral	1	
Ofloxacin Oral Tablet 300 MG, 400 MG	1	
Sulfonamides (Systemic)		
sulfADIAZINE Oral	1	
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	1	
Sulfamethoxazole-Trimethoprim Oral Tablet	1	

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

Drug Name	Drug Tier	Requirements/Limits
SulfaSALAzine Oral	1	
SULFATRIM PEDIATRIC	1	
Tetracyclines		
Avidoxy	1	
Demeclocycline HCl Oral	1	
DOXY 100	1	B/D
Doxycycline Hyclate Intravenous	1	B/D
Doxycycline Hyclate Oral Capsule	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 100 MG	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 20 MG	1	
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	1	
Doxycycline Monohydrate Oral Tablet	1	
Minocycline HCl Oral Capsule	1	
Minocycline HCl Oral Tablet 75 MG	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
Tetracycline HCl Oral Capsule 250 MG	1	QL (120 EA per 30 days)
Tetracycline HCl Oral Capsule 500 MG	1	
Tigecycline	1	NEDS
Urinary Anti-Infectives		
Methenamine Hippurate	1	
Nitrofurantoin Macrocrystal Oral	1	
Nitrofurantoin Monohyd Macro	1	
Nitrofurantoin Oral Suspension 25 MG/5ML	1	NEDS
Trimethoprim Oral	1	
Antineoplastic Agents		
Antineoplastic Agents		
Abiraterone Acetate Oral Tablet 250 MG	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
Abiraterone Acetate Oral Tablet 500 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
ABIRTEGA	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
AKEEGA	1	PA (NS); QL (60 EA per 30 days); NEDS
ALECENSA	1	PA (NS); *; Not available at mail-order; NEDS
ALUNBRIG	1	PA (NS); NEDS
Anastrozole Oral	1	QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA (NS); *; Not available at mail-order; QL (240 EA per 30 days); NEDS
AYVAKIT	1	PA (NS); QL (30 EA per 30 days); NEDS
BALVERSA	1	PA (NS); *; Not available at mail-order; NEDS
BESREMI	1	PA (NS); QL (2 ML per 28 days); NEDS
Bexarotene Oral	1	PA (NS); *; Not available at mail-order; NEDS
Bicalutamide	1	
BOSULIF ORAL CAPSULE 100 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
BRUKINSA	1	PA (NS); QL (120 EA per 30 days); NEDS
CABOMETYX	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
CALQUENCE	1	PA (NS); NEDS

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA (NS); *; Not available at mail-order; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA (NS); *; Not available at mail-order; NEDS
COMETRIQ (60 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
COPIKTRA	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
COTELLIC	1	PA (NS); *; Not available at mail-order; NEDS
Cyclophosphamide Oral	1	B/D
DANZITEN	1	PA (NS); QL (120 EA per 30 days); NEDS
DARZALEX FASPRO	1	PA (NS); *; Not available at mail-order; QL (60 ML per 28 days); NEDS
Dasatinib	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
DROXIA	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days)
EMCYT	1	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML	1	PA (NS); QL (1.6 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
EPKINLY SUBCUTANEOUS SOLUTION 48 MG/0.8ML	1	PA (NS); QL (3.2 ML per 28 days); NEDS
ERIVEDGE	1	PA (NS); *; Not available at mail-order; NEDS
ERLEADA ORAL TABLET 240 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
Erlotinib HCl Oral Tablet 100 MG, 150 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Erlotinib HCl Oral Tablet 25 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
EULEXIN	1	PA (NS); QL (90 EA per 30 days); NEDS
Everolimus Oral Tablet 10 MG, 7.5 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Everolimus Oral Tablet 2.5 MG, 5 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Everolimus Oral Tablet Soluble	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Exemestane	1	
EXKIVITY	1	PA (NS); QL (120 EA per 30 days); NEDS
FIRMAGON (240 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA (NS); *; Not available at mail-order
FOTIVDA	1	PA (NS); QL (21 EA per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA (NS); QL (84 EA per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA (NS); QL (21 EA per 28 days); NEDS
GAVRETO	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Gefitinib	1	PA (NS); *; Not available at mail-order; NEDS
GILOTRIF	1	PA (NS); QL (30 EA per 30 days); NEDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	PA (NS); *; Not available at mail-order
GOMEKLI ORAL CAPSULE 1 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
GOMEKLI ORAL TABLET SOLUBLE	1	PA (NS); QL (120 EA per 30 days); NEDS
Hydroxyurea Oral	1	
IBRANCE	1	PA (NS); *; Not available at mail-order; QL (21 EA per 28 days); NEDS
ICLUSIG	1	PA (NS); NEDS
IDHIFA	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Imatinib Mesylate Oral	1	PA (NS); *; Not available at mail-order; NEDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA (NS); QL (240 EA per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION	1	PA (NS); QL (240 ML per 30 days); NEDS
IMBRUVICA ORAL TABLET 140 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL TABLET 280 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
Imkeldi	1	PA (NS); *; Not available at mail-order; QL (280 ML per 28 days); NEDS
INLYTA	1	PA (NS); *; Not available at mail-order; NEDS
INQOVI	1	PA (NS); *; Not available at mail-order; QL (5 EA per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
INREBIC	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
IWILFIN	1	PA (NS); QL (240 EA per 30 days); NEDS
JAKAFI	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
JYLAMVO	1	B/D
KISQALI (200 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KISQALI (400 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KISQALI (600 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KISQALI FEMARA (200 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KISQALI FEMARA (400 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KISQALI FEMARA (600 MG DOSE)	1	PA (NS); *; Not available at mail-order; NEDS
KOSELUGO ORAL CAPSULE 10 MG	1	PA (NS); QL (240 EA per 30 days); NEDS
KOSELUGO ORAL CAPSULE 25 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
KRAZATI	1	PA (NS); QL (180 EA per 30 days); NEDS
Lapatinib Ditosylate	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 240 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
Lenalidomide	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
LENVIMA (12 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (14 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
LENVIMA (18 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (20 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
LENVIMA (24 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (4 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
LENVIMA (8 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Letrozole Oral	1	
LEUKERAN	1	NEDS
Leuprolide Acetate (3 Month)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)
Leuprolide Acetate Injection	1	PA (NS); *; Not available at mail-order
LONSURF	1	PA (NS); *; Not available at mail-order; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
LUPRON DEPOT (1-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 112 days); NEDS
LUPRON DEPOT (6-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days); NEDS
LUPRON DEPOT-PED (1-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days); NEDS
LUPRON DEPOT-PED (3-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days); NEDS
LUPRON DEPOT-PED (6-MONTH)	1	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days); NEDS
LYNPARZA ORAL TABLET	1	PA (NS); *; Not available at mail-order; NEDS
LYSODREN	1	
LYTGOBI (12 MG DAILY DOSE)	1	PA (NS); QL (150 EA per 30 days); NEDS
LYTGOBI (16 MG DAILY DOSE)	1	PA (NS); QL (150 EA per 30 days); NEDS
LYTGOBI (20 MG DAILY DOSE)	1	PA (NS); QL (150 EA per 30 days); NEDS
MATULANE	1	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Megestrol Acetate Oral	1	PA (NS)
MEKINIST ORAL SOLUTION RECONSTITUTED	1	PA (NS); *; Not available at mail-order; QL (1210 ML per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	1	PA (NS); *; Not available at mail-order; NEDS
MEKINIST ORAL TABLET 2 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
MEKTOVI	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
Mercaptopurine Oral Suspension	1	Not available at mail-order; NEDS
Mercaptopurine Oral Tablet	1	
Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML	1	B/D
Methotrexate Sodium Injection Solution 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML	1	B/D
Methotrexate Sodium Injection Solution Reconstituted	1	B/D
Methotrexate Sodium Oral	1	B/D
NERLYNX	1	PA (NS); *; Not available at mail-order; NEDS
Nilutamide	1	NEDS
NINLARO	1	PA (NS); *; Not available at mail-order; NEDS
NUBEQA	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ODOMZO	1	PA (NS); *; Not available at mail-order; NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
OGSIVEO ORAL TABLET 50 MG	1	PA (NS); QL (180 EA per 30 days); NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	1	PA (NS); QL (96 ML per 28 days); NEDS
OJEMDA ORAL TABLET 100 MG (16 PACK)	1	PA (NS); QL (16 EA per 28 days); NEDS
OJEMDA ORAL TABLET 100 MG, 100 MG (24 PACK)	1	PA (NS); QL (24 EA per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
OJJAARA	1	PA (NS); QL (30 EA per 30 days); NEDS
ONUREG	1	PA (NS); *; Not available at mail-order; QL (14 EA per 28 days); NEDS
ORGOVYX	1	PA (NS); QL (32 EA per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	1	PA (NS); QL (90 EA per 30 days); NEDS
PANRETIN	1	PA (NS); QL (60 GM per 30 days); NEDS
PAZOPanib HCl	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
PEMAZYRE	1	PA (NS); QL (21 EA per 28 days); NEDS
PHESGO	1	PA (NS); *; Not available at mail-order; NEDS
PIQRAY (200 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (28 EA per 28 days); NEDS
PIQRAY (250 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (56 EA per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE)	1	PA (NS); *; Not available at mail-order; QL (56 EA per 28 days); NEDS
POMALYST	1	PA (NS); *; Not available at mail-order; QL (21 EA per 28 days); NEDS
QINLOCK	1	PA (NS); QL (90 EA per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 40 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG, 160 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
REZLIDHIA	1	PA (NS); QL (60 EA per 30 days); NEDS
ROMVIMZA	1	PA (NS); QL (8 EA per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS
ROZLYTREK ORAL PACKET	1	PA (NS); *; Not available at mail-order; QL (336 EA per 28 days); NEDS
RUBRACA	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
RYDAPT	1	PA (NS); *; Not available at mail-order; NEDS
RYLAZE	1	PA (NS); *; Not available at mail-order; NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	1	PA (NS); *; Not available at mail-order; QL (300 EA per 30 days); NEDS
SOLTAMOX	1	NEDS
SORAfenib Tosylate	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
STIVARGA	1	PA (NS); *; Not available at mail-order; QL (84 EA per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
SUNItinib Malate	1	PA (NS); *; Not available at mail-order; QL (28 EA per 28 days); NEDS
SYNRIBO	1	PA (NS); NEDS
TABLOID	1	PA (NS)
TABRECTA	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG	1	PA (NS); *; Not available at mail-order; NEDS
TAFINLAR ORAL CAPSULE 75 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE	1	PA (NS); *; Not available at mail-order; QL (900 EA per 30 days); NEDS
TAGRISSO	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
TALZENNA	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Tamoxifen Citrate Oral	1	
TASIGNA ORAL CAPSULE 150 MG, 50 MG	1	PA (NS); *; Not available at mail-order; NEDS
TASIGNA ORAL CAPSULE 200 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
TAZVERIK	1	PA (NS); QL (240 EA per 30 days); NEDS
TECVAYLI	1	PA (NS); NEDS
TEPMETKO	1	PA (NS); QL (60 EA per 30 days); NEDS
TIBSOVO	1	PA (NS); QL (60 EA per 30 days); NEDS
Toremifene Citrate	1	NEDS
TORPENZ ORAL TABLET 10 MG, 7.5 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
TORPENZ ORAL TABLET 2.5 MG, 5 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	1	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days)
Tretinoin Oral	1	NEDS
TRUQAP ORAL TABLET	1	PA (NS); QL (64 EA per 28 days); NEDS
TRUQAP ORAL TABLET THERAPY PACK	1	PA (NS); QL (32 EA per 28 days); NEDS
TRUSELTIQ (100MG DAILY DOSE)	1	PA (NS); QL (21 EA per 28 days); NEDS
TRUSELTIQ (125MG DAILY DOSE)	1	PA (NS); QL (42 EA per 28 days); NEDS
TRUSELTIQ (50MG DAILY DOSE)	1	PA (NS); QL (42 EA per 28 days); NEDS
TRUSELTIQ (75MG DAILY DOSE)	1	PA (NS); QL (63 EA per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	1	PA (NS); QL (300 EA per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
UKONIQ	1	PA (NS); QL (120 EA per 30 days); NEDS
VALCHLOR	1	PA (NS); NEDS
VANFLYTA ORAL TABLET 17.7 MG	1	PA (NS); QL (28 EA per 21 days); NEDS
VANFLYTA ORAL TABLET 26.5 MG	1	PA (NS); QL (56 EA per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA (NS)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	1	PA (NS); NEDS
VENCLEXTA STARTING PACK	1	PA (NS); NEDS
VERZENIO ORAL TABLET 100 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
VERZENIO ORAL TABLET 150 MG, 200 MG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 50 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
VIJOICE ORAL PACKET	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA (NS); *; Not available at mail-order; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA (NS); *; Not available at mail-order; QL (56 EA per 28 days); NEDS
VITRAKVI	1	PA (NS); *; Not available at mail-order; NEDS
VIZIMPRO	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
VONJO	1	PA (NS); QL (120 EA per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
WELIREG	1	PA (NS); QL (90 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA (NS); *; Not available at mail-order; QL (420 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
XATMEP	1	B/D
XOLREMDI	1	PA; QL (120 EA per 30 days); NEDS
XOSPATA	1	PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA (NS); QL (8 EA per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA (NS); QL (16 EA per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA (NS); QL (4 EA per 28 days); NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA (NS); QL (8 EA per 28 days); NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA (NS); QL (4 EA per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY)	1	PA (NS); QL (24 EA per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA (NS); QL (8 EA per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY)	1	PA (NS); QL (32 EA per 28 days); NEDS
XTANDI	1	PA (NS); *; Not available at mail-order; NEDS
YONSA	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ZEJULA	1	PA (NS); *; Not available at mail-order; NEDS
ZELBORAF	1	PA (NS); *; Not available at mail-order; NEDS
ZOLINZA	1	PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ZYDELIG	1	PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS
ZYKADIA ORAL TABLET	1	PA (NS); *; Not available at mail-order; NEDS
Autonomic Drugs		
Antimuscarinics/Antispasmodics		
ATROVENT HFA	1	QL (25.8 GM per 30 days)
Dicyclomine HCl Oral Capsule	1	PA; NEDS
Dicyclomine HCl Oral Solution 10 MG/5ML	1	PA; NEDS
Dicyclomine HCl Oral Tablet	1	PA; NEDS
Glycopyrrolate Oral Tablet 1 MG, 2 MG	1	
Ipratropium Bromide Inhalation	1	B/D; QL (300 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Methscopolamine Bromide Oral	1	PA; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL	1	NEDS
NICOTROL NS	1	
Varenicline Tartrate (Starter)	1	
Varenicline Tartrate Oral Tablet	1	QL (336 EA per 168 days)
Beta-Adrenergic Agonists		
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	1	QL (17 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)	1	QL (13.4 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)	1	QL (36 GM per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	1	B/D; QL (360 ML per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML	1	B/D; QL (120 EA per 30 days)
Albuterol Sulfate Oral Syrup 2 MG/5ML	1	
Albuterol Sulfate Oral Tablet	1	
COMBIVENT RESPIMAT	1	QL (8 GM per 30 days)
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
Terbutaline Sulfate Oral	1	
Parasympathomimetic (Cholinergic Agents)		
Bethanechol Chloride Oral	1	
Cevimeline HCl	1	
Donepezil HCl	1	QL (30 EA per 30 days)
Galantamine Hydrobromide ER	1	QL (30 EA per 30 days)
Galantamine Hydrobromide Oral Tablet	1	QL (60 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	NEDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	QL (30 EA per 30 days); NEDS
Pilocarpine HCl Oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
Pyridostigmine Bromide ER	1	
pyRIDostigmine Bromide Oral Solution	1	
Pyridostigmine Bromide Oral Tablet	1	
Rivastigmine	1	QL (30 EA per 30 days)
Rivastigmine Tartrate	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Chlorzoxazone Oral Tablet 500 MG	1	PA; NEDS
Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG	1	PA; QL (90 EA per 30 days); NEDS
Dantrolene Sodium Oral	1	
Methocarbamol Oral Tablet 500 MG, 750 MG	1	PA
Orphenadrine Citrate ER	1	PA; NEDS
tiZANidine HCl Oral Capsule 2 MG	1	NEDS
tiZANidine HCl Oral Capsule 4 MG, 6 MG	1	
tiZANidine HCl Oral Tablet	1	
Sympatholytic Adrenergic Blocking Agents		
Alfuzosin HCl ER	1	QL (30 EA per 30 days)
Tamsulosin HCl	1	
Blood Formation, Coagulation, And Thrombosis		
Anticoagulants		
Dabigatran Etexilate Mesylate	1	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	1	QL (74 EA per 30 days); NEDS
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (90 EA per 30 days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	1	
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	1	NEDS
Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	

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

Drug Name	Drug Tier	Requirements/Limits
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	1	
Heparin Sodium (Porcine) PF Injection Solution 1000 UNIT/ML	1	
JANTOVEN	1	
Warfarin Sodium Oral	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	1	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK	1	QL (51 EA per 30 days); NEDS
Hematopoietic Agents		
ALVAIZ ORAL TABLET 18 MG, 36 MG	1	PA; *; Not available at mail-order; QL (90 EA per 30 days); NEDS
ALVAIZ ORAL TABLET 54 MG, 9 MG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	1	PA; *; Not available at mail-order; NEDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	1	PA; *; Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	1	PA; *; Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA; *; Not available at mail-order; NEDS
DOPTELET	1	PA; *; Not available at mail-order; QL (60 EA 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	1	PA; *; Not available at mail-order
ZARXIO	1	PA; *; Not available at mail-order; NEDS
ZIEXTENZO	1	PA; *; Not available at mail-order; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Platelet-Aggregation Inhibitors		
BRILINTA ORAL TABLET 60 MG	1	QL (60 EA per 30 days)
Cilostazol	1	
Clopidogrel Bisulfate Oral	1	
Prasugrel HCl	1	QL (30 EA per 30 days)
Ticagrelor Oral Tablet 90 MG	1	QL (60 EA per 30 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
Aliskiren Fumarate	1	QL (30 EA per 30 days)
Doxazosin Mesylate Oral	1	
Prazosin HCl Oral	1	
Terazosin HCl Oral	1	
Antiarrhythmic Agents		
Amiodarone HCl Oral	1	
Dofetilide	1	*; Not available at mail-order
Flecainide Acetate	1	
Mexiletine HCl Oral	1	
MULTAQ	1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
Propafenone HCl	1	
Propafenone HCl ER	1	
quiNIDine Gluconate ER	1	
quiNIDine Sulfate Oral	1	
Antilipemic Agents		
Atorvastatin Calcium Oral	1	
Cholestyramine Light	1	
Cholestyramine Oral	1	
Colestipol HCl	1	
Ezetimibe	1	QL (30 EA per 30 days)
Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG, 67 MG	1	
Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG	1	
Fenofibric Acid Oral Capsule Delayed Release	1	
Gemfibrozil Oral	1	
Icosapent Ethyl Oral Capsule 0.5 GM	1	QL (240 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Icosapent Ethyl Oral Capsule 1 GM	1	QL (120 EA per 30 days)
Lovastatin Oral	1	
Niacin ER (Antihyperlipidemic)	1	
NIACOR	1	
Omega-3-acid Ethyl Esters	1	QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (2 ML per 28 days); NEDS
Pravastatin Sodium	1	
PREVALITE	1	
Rosuvastatin Calcium Oral	1	QL (30 EA per 30 days)
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	
Simvastatin Oral Tablet 80 MG	1	QL (30 EA per 30 days)
TRYNGOLZA	1	PA; QL (0.8 ML per 28 days); NEDS
VASCEPA ORAL CAPSULE 0.5 GM	1	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	1	QL (120 EA per 30 days)
Beta-Adrenergic Blocking Agents		
Acebutolol HCl Oral	1	
Atenolol Oral	1	
Atenolol-Chlorthalidone	1	
Betaxolol HCl Oral	1	
Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG	1	
Bisoprolol-hydroCHLOROthiazide	1	
Carvedilol	1	
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	1	
Metoprolol Succinate ER	1	
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	1	
Metoprolol-hydroCHLOROthiazide	1	
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	1	
Pindolol	1	
Propranolol HCl ER	1	
Propranolol HCl Oral	1	
SORINE	1	
Sotalol HCl (AF)	1	
Sotalol HCl Oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
Timolol Maleate Oral	1	
Calcium-Channel Blocking Agents		
Amlodipine Besy-Benazepril HCl	1	
amLODIPine Besylate Oral	1	
amLODIPine-Olmesartan	1	
CARTIA XT	1	
dilTIAZem HCl ER Beads	1	
dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG	1	
dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour	1	
dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG	1	
dilTIAZem HCl Oral	1	
Dilt-XR	1	
Felodipine ER	1	
NIFEdipine ER	1	
NIFEdipine ER Osmotic Release	1	
niMODipine Oral Capsule	1	
TAZTIA XT	1	
TIADYLT ER	1	
Verapamil HCl ER	1	
Verapamil HCl Oral	1	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL SOLUTION	1	PA; QL (450 ML per 30 days)
DIGITEK	1	
DIGOX	1	
Digoxin Oral Solution	1	
Digoxin Oral Tablet 125 MCG, 250 MCG	1	
Droxidopa	1	PA; *; Not available at mail-order; QL (180 EA per 30 days); NEDS
ENTRESTO ORAL CAPSULE SPRINKLE	1	QL (240 EA per 30 days); NEDS
ENTRESTO ORAL TABLET	1	QL (60 EA per 30 days)
Ivabradine HCl	1	PA; QL (60 EA per 30 days)
Midodrine HCl	1	
Pentoxifylline ER	1	
Ranolazine ER	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 2.5 MG, 5 MG	1	PA; QL (60 EA per 30 days)
Hypotensive Agents		
cloNIDine	1	
cloNIDine HCl Oral	1	
Diazoxide Oral	1	
guanFACINE HCl Oral	1	PA
hydrALAZINE HCl Oral	1	
Minoxidil Oral	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
Benazepril HCl Oral	1	
Benazepril-hydroCHLOROthiazide	1	
Candesartan Cilexetil	1	
Candesartan Cilexetil-HCTZ	1	
Captopril Oral	1	
Enalapril Maleate Oral Tablet	1	
Enalapril-Hydrochlorothiazide	1	
Eplerenone	1	
FILSPARI	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Fosinopril Sodium	1	
Fosinopril Sodium-HCTZ	1	
Irbesartan	1	
Irbesartan-Hydrochlorothiazide	1	
KERENDIA	1	QL (30 EA per 30 days)
Lisinopril Oral	1	
Lisinopril-hydroCHLOROthiazide	1	
Losartan Potassium Oral	1	
Losartan Potassium-HCTZ	1	
Olmesartan Medoxomil-HCTZ	1	QL (30 EA per 30 days)
Quinapril HCl	1	
Quinapril-hydroCHLOROthiazide	1	
Ramipril	1	
Spironolactone Oral Tablet	1	
Spironolactone-HCTZ	1	
Trandolapril	1	

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

Drug Name	Drug Tier	Requirements/Limits
Valsartan Oral Tablet	1	
Valsartan-hydroCHLOROthiazide	1	
Vasodilating Agents		
ALYQ	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Ambrisentan	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
Aspirin-Dipyridamole ER	1	QL (60 EA per 30 days)
Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
NITRO-BID	1	
Nitroglycerin Sublingual	1	
Nitroglycerin Transdermal Patch 24 Hour	1	
Nitroglycerin Translingual Solution	1	
NITROMIST	1	
Sildenafil Citrate Oral Tablet 20 MG	1	PA; *; Not available at mail-order; QL (90 EA per 30 days)
Tadalafil (PAH)	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Tadalafil Oral Tablet 5 MG	1	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Anorexigenic Agents And Respiratory And Cns Stimulants		
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	QL (30 EA per 30 days); NEDS
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 30 MG	1	QL (60 EA per 30 days); NEDS
Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 5 MG	1	QL (60 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 12.5 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	1	QL (60 EA per 30 days); NEDS
Armodafinil	1	PA; QL (30 EA per 30 days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG	1	QL (60 EA per 30 days); NEDS
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG	1	QL (120 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG	1	QL (30 EA per 30 days); NEDS
Dextroamphetamine Sulfate Oral Tablet 10 MG	1	QL (180 EA per 30 days)
Dextroamphetamine Sulfate Oral Tablet 5 MG	1	QL (120 EA per 30 days)
Modafinil Oral	1	PA; NEDS
ZENZEDI ORAL TABLET 10 MG	1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	1	QL (120 EA per 30 days)
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	QL (30 EA per 30 days); NEDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days); NEDS
BRIVIACT INTRAVENOUS	1	NEDS
BRIVIACT ORAL SOLUTION	1	QL (600 ML per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG	1	QL (120 EA per 30 days); NEDS
BRIVIACT ORAL TABLET 100 MG, 75 MG	1	QL (60 EA per 30 days); NEDS
carBAMazepine ER	1	
carBAMazepine Oral Suspension 100 MG/5ML	1	
carBAMazepine Oral Tablet	1	
carBAMazepine Oral Tablet Chewable	1	
cloBAZam Oral Suspension 2.5 MG/ML	1	
cloBAZam Oral Tablet	1	
clonazePAM Oral Tablet 0.5 MG, 1 MG	1	PA (NS); QL (90 EA per 30 days); NEDS
clonazePAM Oral Tablet 2 MG	1	PA (NS); QL (300 EA per 30 days); NEDS
clonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	PA (NS); QL (90 EA per 30 days); NEDS
clonazePAM Oral Tablet Dispersible 2 MG	1	PA (NS); QL (300 EA per 30 days); NEDS
Clorazepate Dipotassium Oral Tablet 15 MG	1	PA (NS); QL (180 EA per 30 days)
Clorazepate Dipotassium Oral Tablet 3.75 MG	1	PA (NS); QL (720 EA per 30 days)
Clorazepate Dipotassium Oral Tablet 7.5 MG	1	PA (NS); QL (360 EA per 30 days)
DIACOMIT	1	PA (NS); NEDS
DIAZEPAM INTENSOL	1	PA (NS); QL (240 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
diazePAM Oral Concentrate	1	PA (NS); QL (240 ML per 30 days)
diazePAM Oral Solution 5 MG/5ML	1	PA (NS); QL (1200 ML per 30 days)
diazePAM Oral Tablet	1	PA (NS); QL (120 EA per 30 days)
diazePAM Rectal	1	
DILANTIN ORAL CAPSULE 30 MG	1	
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour	1	
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	1	
Divalproex Sodium Oral Tablet Delayed Release	1	
EPIDIOLEX	1	PA (NS); *; Not available at mail-order; NEDS
EPITOL	1	
EPRONTIA	1	QL (480 ML per 30 days)
Ethosuximide Oral	1	
Felbamate Oral Suspension	1	NEDS
Felbamate Oral Tablet	1	
FINTEPLA	1	PA (NS); QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	1	PA (NS); QL (720 ML per 30 days); NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 8 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	1	PA (NS); QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	1	PA (NS); QL (60 EA per 30 days); NEDS
Gabapentin Oral Capsule 100 MG	1	QL (1080 EA per 30 days)
Gabapentin Oral Capsule 300 MG	1	QL (360 EA per 30 days)
Gabapentin Oral Capsule 400 MG	1	QL (270 EA per 30 days)
Gabapentin Oral Solution	1	QL (2160 ML per 30 days)
Gabapentin Oral Tablet 600 MG	1	QL (180 EA per 30 days)
Gabapentin Oral Tablet 800 MG	1	QL (120 EA per 30 days)
Lacosamide Intravenous	1	QL (1200 ML per 30 days)
Lacosamide Oral Solution	1	QL (1200 ML per 30 days)
Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Lacosamide Oral Tablet 50 MG	1	QL (120 EA per 30 days)
lamoTRIgine ER	1	
lamoTRIgine Oral Tablet	1	
LamoTRIgine Oral Tablet Chewable	1	
levETIRAcetam ER	1	
levETIRAcetam Oral Solution 100 MG/ML	1	
levETIRAcetam Oral Tablet	1	
LIBERVANT	1	QL (10 EA per 30 days); NEDS
Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)	1	
Methsuximide	1	
MOTPOLY XR	1	ST (NS); QL (60 EA per 30 days)
NAYZILAM	1	NEDS
OXcarbazepine	1	
PHENobarbital Oral Elixir	1	PA (NS)
PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG	1	PA (NS); QL (90 EA per 30 days)
PHENobarbital Oral Tablet 15 MG, 30 MG	1	PA (NS); QL (180 EA per 30 days)
PHENobarbital Oral Tablet 60 MG	1	PA (NS); QL (120 EA per 30 days)
PHENobarbital Oral Tablet 97.2 MG	1	PA (NS); QL (60 EA per 30 days)
Phenytoin Oral	1	
Phenytoin Sodium Extended	1	
Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	PA (NS); QL (90 EA per 30 days)
Pregabalin Oral Capsule 225 MG, 300 MG	1	PA (NS); QL (60 EA per 30 days)
Pregabalin Oral Solution	1	PA (NS); QL (946 ML per 30 days)
Primidone Oral Tablet 250 MG, 50 MG	1	
ROWEEPRA ORAL TABLET 500 MG	1	
Rufinamide Oral Suspension	1	PA (NS); NEDS
Rufinamide Oral Tablet 200 MG	1	PA (NS)
Rufinamide Oral Tablet 400 MG	1	PA (NS); NEDS
SPRITAM	1	PA (NS)
SUBVENITE	1	
SYMPAZAN	1	
tiaGABine HCl	1	

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

Drug Name	Drug Tier	Requirements/Limits
Topiramate Oral Capsule Sprinkle 15 MG, 25 MG	1	
Topiramate Oral Capsule Sprinkle 50 MG	1	QL (240 EA per 30 days)
Topiramate Oral Tablet	1	
Valproic Acid Oral Capsule	1	
Valproic Acid Oral Solution 250 MG/5ML	1	
VALTOCO 10 MG DOSE	1	
VALTOCO 15 MG DOSE	1	
VALTOCO 20 MG DOSE	1	
VALTOCO 5 MG DOSE	1	
Vigabatrin	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
VIGADRONE	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
VIGAFYDE	1	PA (NS); QL (900 ML per 30 days); NEDS
VIGPODER	1	PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE)	1	QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK	1	QL (28 EA per 28 days); NEDS
ZONISADE	1	QL (900 ML per 30 days)
Zonisamide Oral	1	
ZTALMY	1	PA (NS); QL (1080 ML per 30 days); NEDS
Antidepressants		
Amitriptyline HCl Oral	1	
Amoxapine	1	
AUVELITY	1	PA (NS); QL (60 EA per 30 days); NEDS
buPROPion HCl ER (Smoking Det)	1	
buPROPion HCl ER (SR)	1	

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

Drug Name	Drug Tier	Requirements/Limits
buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	1	
buPROPion HCl Oral	1	
Citalopram Hydrobromide Oral Solution	1	
Citalopram Hydrobromide Oral Tablet 10 MG	1	QL (90 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 20 MG	1	QL (60 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 40 MG	1	QL (30 EA per 30 days)
clomiPRAMINE HCl Oral	1	PA (NS)
Desipramine HCl Oral	1	
Desvenlafaxine Succinate ER	1	QL (30 EA per 30 days)
Doxepin HCl Oral Capsule	1	
Doxepin HCl Oral Concentrate	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	QL (30 EA per 30 days)
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	1	QL (60 EA per 30 days)
DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG	1	QL (30 EA per 30 days)
Escitalopram Oxalate Oral Solution 5 MG/5ML	1	
Escitalopram Oxalate Oral Tablet	1	QL (30 EA per 30 days)
FETZIMA	1	PA (NS); QL (30 EA per 30 days)
FETZIMA TITRATION	1	PA (NS); QL (28 EA per 28 days)
FLUoxetine HCl Oral Capsule 10 MG	1	QL (30 EA per 30 days)
FLUoxetine HCl Oral Capsule 20 MG, 40 MG	1	
FLUoxetine HCl Oral Solution	1	
fluvoxaMINE Maleate	1	
Imipramine HCl Oral	1	
MARPLAN	1	QL (180 EA per 30 days)
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG	1	QL (30 EA per 30 days)
Mirtazapine Oral Tablet 7.5 MG	1	
Mirtazapine Oral Tablet Dispersible	1	QL (30 EA per 30 days)
Nefazodone HCl	1	
Nortriptyline HCl Oral	1	
OLANZapine-FLUoxetine HCl	1	PA (NS); QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG	1	PA (NS); QL (30 EA per 30 days)
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG	1	PA (NS); QL (60 EA per 30 days)
PARoxetine HCl Oral Suspension	1	PA (NS); QL (900 ML per 30 days)
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG	1	PA (NS); QL (30 EA per 30 days)
PARoxetine HCl Oral Tablet 30 MG	1	PA (NS); QL (60 EA per 30 days)
Phenelzine Sulfate Oral	1	
Protriptyline HCl	1	
RALDESY	1	ST (NS); QL (1800 ML per 30 days); NEDS
Sertraline HCl Oral Concentrate	1	
Sertraline HCl Oral Tablet	1	
Tranylcypromine Sulfate	1	
traZODone HCl Oral	1	
Trimipramine Maleate Oral Capsule 100 MG	1	QL (60 EA per 30 days)
Trimipramine Maleate Oral Capsule 25 MG, 50 MG	1	QL (120 EA per 30 days)
TRINTELLIX	1	PA (NS); QL (30 EA per 30 days)
Venlafaxine Besylate ER	1	ST (NS); QL (60 EA per 30 days)
Venlafaxine HCl	1	
Venlafaxine HCl ER	1	
Vilazodone HCl	1	PA (NS); QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA (NS); *; Not available at mail-order; QL (56 EA per 365 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	1	PA (NS); *; Not available at mail-order; QL (28 EA per 365 days); NEDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (1 ML per 30 days); NEDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	1	PA; QL (2 ML per 30 days); NEDS
Dihydroergotamine Mesylate Nasal	1	PA; QL (8 ML per 28 days); NEDS
EMGALITY	1	PA; QL (2 ML per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY (300 MG DOSE)	1	PA; QL (3 ML per 30 days); NEDS
NURTEC	1	PA; QL (30 EA per 30 days); NEDS
QULIPTA	1	PA; QL (30 EA per 30 days); NEDS
Rizatriptan Benzoate	1	QL (18 EA per 30 days)
SUMAtriptan Nasal	1	QL (12 EA per 30 days)
SUMAtriptan Succinate Oral Tablet 100 MG	1	QL (9 EA per 30 days)
SUMAtriptan Succinate Oral Tablet 25 MG, 50 MG	1	QL (18 EA per 30 days)
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML	1	QL (9 ML per 30 days)
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML	1	QL (4 ML per 30 days)
SUMAtriptan Succinate Subcutaneous Solution 6 MG/0.5ML	1	QL (4 ML per 30 days)
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML	1	QL (9 ML per 30 days)
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	1	QL (4 ML per 30 days)
UBRELVY	1	PA; QL (16 EA per 30 days)
Antiparkinsonian Agents		
Amantadine HCl Oral Capsule	1	QL (120 EA per 30 days)
Amantadine HCl Oral Solution	1	
Amantadine HCl Oral Tablet	1	
Benztropine Mesylate Oral	1	PA
Bromocriptine Mesylate Oral	1	
Carbidopa-Levodopa	1	
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	1	
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	1	
EMSAM	1	QL (30 EA per 30 days); NEDS
Entacapone	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	ST; QL (60 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	ST; QL (30 EA per 30 days); NEDS
KYNMOBI	1	*; Not available at mail-order; QL (150 EA per 30 days); NEDS
Pramipexole Dihydrochloride	1	
Rasagiline Mesylate Oral	1	QL (30 EA per 30 days)
rOPINIRole HCl	1	
rOPINIRole HCl ER	1	
Selegiline HCl Oral	1	
Tolcapone	1	
Trihexyphenidyl HCl	1	PA
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	1	QL (1 EA per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	QL (1 EA per 28 days); NEDS
ABILIFY MYCITE	1	PA (NS); QL (30 EA per 30 days); NEDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	1	PA (NS); QL (30 EA per 30 days); NEDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	1	PA (NS); QL (30 EA per 30 days); NEDS
ARIPiprazole Oral Solution	1	QL (900 ML per 30 days)
ARIPiprazole Oral Tablet 10 MG	1	QL (90 EA per 30 days)
ARIPiprazole Oral Tablet 15 MG, 2 MG, 5 MG	1	QL (60 EA per 30 days)
ARIPiprazole Oral Tablet 20 MG, 30 MG	1	QL (30 EA per 30 days)
ARIPiprazole Oral Tablet Dispersible 10 MG	1	QL (90 EA per 30 days)
ARIPiprazole Oral Tablet Dispersible 15 MG	1	QL (60 EA per 30 days)
ARISTADA INITIO	1	QL (2.4 ML per 28 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 ML per 56 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 ML per 28 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 ML per 28 days); NEDS
Asenapine Maleate Sublingual Tablet Sublingual 10 MG	1	QL (60 EA per 30 days)
Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG	1	QL (240 EA per 30 days)
Asenapine Maleate Sublingual Tablet Sublingual 5 MG	1	QL (120 EA per 30 days)
CAPLYTA	1	QL (30 EA per 30 days); NEDS
chlorproMAZINE HCl Oral	1	PA (NS)
cloZAPine	1	PA (NS)
COBENFY	1	PA (NS); QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK	1	PA (NS); QL (56 EA per 180 days); NEDS
FANAPT	1	PA (NS); QL (60 EA per 30 days)
FANAPT TITRATION PACK	1	PA (NS); QL (8 EA per 30 days)
fluPHENAZine Decanoate Injection	1	
FluPHENAZine HCl Injection	1	
fluPHENAZine HCl Oral	1	
Haloperidol Decanoate Intramuscular	1	
Haloperidol Lactate	1	
Haloperidol Oral	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days); NEDS
Loxapine Succinate Oral	1	PA (NS)
Lurasidone HCl Oral Tablet 120 MG	1	QL (30 EA per 30 days); NEDS
Lurasidone HCl Oral Tablet 20 MG, 60 MG, 80 MG	1	QL (60 EA per 30 days); NEDS
Lurasidone HCl Oral Tablet 40 MG	1	QL (120 EA per 30 days); NEDS
LYBALVI	1	PA (NS); QL (30 EA per 30 days); NEDS
Molindone HCl	1	
NUPLAZID ORAL CAPSULE	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	1	PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS
OLANZapine Intramuscular	1	QL (3 EA per 1 day)
OLANZapine Oral Tablet 10 MG, 2.5 MG	1	PA (NS); QL (60 EA per 30 days)
OLANZapine Oral Tablet 15 MG, 20 MG, 7.5 MG	1	PA (NS); QL (30 EA per 30 days)
OLANZapine Oral Tablet 5 MG	1	PA (NS); QL (120 EA per 30 days)
OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG	1	PA (NS); QL (30 EA per 30 days)
OLANZapine Oral Tablet Dispersible 5 MG	1	PA (NS); QL (120 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	1	ST (NS); QL (90 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 2 MG	1	ST (NS); QL (210 EA per 30 days); NEDS
Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG	1	QL (30 EA per 30 days)
Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG	1	QL (60 EA per 30 days)
Perphenazine Oral	1	PA (NS)
PERSERIS	1	QL (1 EA per 28 days); NEDS
Pimozide	1	
QUEtiapine Fumarate ER	1	QL (60 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG	1	QL (120 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 150 MG	1	QL (150 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 25 MG	1	QL (360 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 300 MG, 400 MG	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	1	QL (90 EA per 30 days); NEDS
REXULTI ORAL TABLET 2 MG	1	QL (60 EA per 30 days); NEDS
REXULTI ORAL TABLET 3 MG, 4 MG	1	QL (30 EA per 30 days); NEDS
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG	1	QL (2 EA per 28 days)
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG, 50 MG	1	QL (2 EA per 28 days); NEDS
risperiDONE Oral Solution	1	QL (480 ML per 30 days)
risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG	1	QL (60 EA per 30 days)
risperiDONE Oral Tablet 1 MG, 4 MG	1	QL (120 EA per 30 days)
risperiDONE Oral Tablet 3 MG	1	QL (150 EA per 30 days)
risperiDONE Oral Tablet Dispersible 0.25 MG	1	QL (30 EA per 30 days)
RisperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG	1	QL (60 EA per 30 days)
RisperiDONE Oral Tablet Dispersible 1 MG, 4 MG	1	QL (120 EA per 30 days)
risperiDONE Oral Tablet Dispersible 3 MG	1	QL (150 EA per 30 days)
SECUADO	1	QL (30 EA per 30 days); NEDS
Thioridazine HCl Oral	1	PA (NS)
Thiothixene Oral	1	
Trifluoperazine HCl Oral	1	PA (NS)

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

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 ML per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 ML per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 ML per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 ML per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 ML per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 ML per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 ML per 28 days); NEDS
VERSACLOZ	1	PA (NS); QL (540 ML per 30 days); NEDS
VRAYLAR ORAL CAPSULE	1	QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	1	QL (7 EA per 7 days); NEDS
Ziprasidone HCl Oral Capsule 20 MG, 40 MG	1	QL (120 EA per 30 days)
Ziprasidone HCl Oral Capsule 60 MG, 80 MG	1	QL (60 EA per 30 days)
Ziprasidone Mesylate	1	QL (6 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	QL (2 EA per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	QL (1 EA per 28 days); NEDS
Anxiolytics, Sedatives And Hypnotics,Misc.		
BAC	1	PA; QL (180 EA per 30 days)
BAC (BUTALBITAL-ACETAMIN-CAFF)	1	PA; QL (180 EA per 30 days)
busPIRone HCl Oral	1	
Butalbital-Acetaminophen Oral Tablet 50-325 MG	1	PA; QL (180 EA per 30 days)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	1	PA; QL (180 EA per 30 days)
DAYVIGO	1	QL (30 EA per 30 days); NEDS
Doxepin HCl Oral Tablet	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ	1	PA; NEDS
hydrOXYzine HCl Oral Syrup	1	PA (NS)

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

Drug Name	Drug Tier	Requirements/Limits
hydrOXYzine HCl Oral Tablet	1	PA (NS)
hydrOXYzine Pamoate Oral	1	PA (NS)
Tasimelteon	1	PA; *; Not available at mail-order; NEDS
Temazepam Oral Capsule 15 MG, 30 MG	1	PA (NS); QL (30 EA per 30 days); NEDS
TENCON ORAL TABLET 50-325 MG	1	PA; QL (180 EA per 30 days)
Zaleplon	1	QL (30 EA per 30 days); NEDS
Zolpidem Tartrate Oral Tablet	1	QL (30 EA per 30 days); NEDS
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
ALPRAZolam ER	1	PA (NS); QL (90 EA per 30 days); NEDS
ALPRAZOLAM INTENSOL	1	PA (NS); QL (300 ML per 30 days); NEDS
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
ALPRAZolam Oral Tablet 2 MG	1	PA (NS); QL (150 EA per 30 days); NEDS
ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG	1	PA (NS); QL (120 EA per 30 days); NEDS
ALPRAZolam Oral Tablet Dispersible 2 MG	1	PA (NS); QL (150 EA per 30 days); NEDS
ALPRAZolam XR	1	PA (NS); QL (90 EA per 30 days); NEDS
LORAZEPAM INTENSOL	1	PA (NS); QL (150 ML per 30 days); NEDS
LORazepam Oral Concentrate 1 MG/0.5ML	1	PA (NS); QL (150 EA per 30 days); NEDS
LORazepam Oral Tablet	1	PA (NS); QL (120 EA per 30 days); NEDS
Central Nervous System Agents, Misc.		
Acamprosate Calcium	1	
Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG	1	QL (120 EA per 30 days)
Atomoxetine HCl Oral Capsule 100 MG, 60 MG, 80 MG	1	QL (30 EA per 30 days)
Atomoxetine HCl Oral Capsule 40 MG	1	QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	1	PA; *; Not available at mail-order; QL (90 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	1	PA; *; Not available at mail-order; QL (42 EA per 180 days); NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	1	PA; QL (240 ML per 30 days); NEDS
EVRYSDI ORAL TABLET	1	PA; QL (30 EA per 30 days); NEDS
guanFACINE HCl ER	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
JOURNAVX	1	PA; QL (29 EA per 90 days); NEDS
Lithium	1	
Lithium Carbonate ER	1	
Lithium Carbonate Oral	1	
Memantine HCl Oral Solution 2 MG/ML	1	QL (300 ML per 30 days)
Memantine HCl Oral Tablet 10 MG, 5 MG	1	QL (60 EA per 30 days)
Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG	1	
NUEDEXTA	1	PA; QL (60 EA per 30 days); NEDS
RADICAVA ORS	1	PA; *; Not available at mail-order; QL (70 ML per 28 days); NEDS
RADICAVA ORS STARTER KIT	1	PA; *; Not available at mail-order; QL (70 ML per 28 days); NEDS
Riluzole	1	

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

Drug Name	Drug Tier	Requirements/Limits
Sodium Oxybate	1	PA; QL (540 ML per 30 days); NEDS
Tetrabenazine Oral Tablet 12.5 MG	1	PA; *; Not available at mail-order; QL (240 EA per 30 days); NEDS
Tetrabenazine Oral Tablet 25 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
VEOZAH	1	QL (30 EA per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CATAFLAM	1	QL (120 EA per 30 days)
Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG	1	QL (60 EA per 30 days)
Celecoxib Oral Capsule 400 MG	1	QL (30 EA per 30 days)
Diclofenac Potassium Oral Tablet 50 MG	1	QL (120 EA per 30 days)
Diclofenac Sodium ER	1	
Diclofenac Sodium External Solution 1.5 %	1	
Diclofenac Sodium Oral	1	
Diflunisal Oral	1	
EC-Naproxen	1	
Etodolac ER	1	
Etodolac Oral	1	
Flurbiprofen Oral Tablet 100 MG	1	
IBU	1	
Ibuprofen Oral Suspension 100 MG/5ML	1	
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	1	
Meloxicam Oral Tablet	1	
Nabumetone Oral	1	
Naproxen DR Oral Tablet Delayed Release 500 MG	1	
Naproxen Oral Tablet	1	
Naproxen Oral Tablet Delayed Release	1	
Naproxen Sodium Oral Tablet 275 MG, 550 MG	1	
Piroxicam Oral	1	
RELAFEN	1	
Sulindac Oral	1	
Opiate Agonists		
Acetaminophen-Codeine Oral Solution	1	QL (2700 ML per 30 days); NEDS
Acetaminophen-Codeine Oral Tablet	1	QL (180 EA per 30 days); NEDS
Butorphanol Tartrate Nasal	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
Codeine Sulfate Oral Tablet	1	QL (180 EA per 30 days); NEDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 EA per 30 days); NEDS
fentaNYL	1	QL (10 EA per 30 days); NEDS
fentaNYL Citrate Buccal Lozenge On A Handle	1	PA; QL (120 EA per 30 days); NEDS
HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG	1	QL (180 EA per 30 days); NEDS
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	1	QL (150 EA per 30 days); NEDS
HYDROmorphone HCl Injection Solution 1 MG/ML, 4 MG/ML	1	NEDS
HYDROmorphone HCl Oral Liquid	1	QL (1500 ML per 30 days); NEDS
HYDROmorphone HCl Oral Tablet	1	QL (180 EA per 30 days); NEDS
HYDROmorphone HCl PF Injection Solution 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	B/D; NEDS
Methadone HCl Oral Solution	1	QL (450 ML per 30 days); NEDS
Methadone HCl Oral Tablet	1	QL (300 EA per 30 days); NEDS
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML, 20 MG/ML	1	QL (180 ML per 30 days); NEDS
Morphine Sulfate (PF) Injection Solution 1 MG/ML	1	B/D; NEDS
Morphine Sulfate ER Oral Tablet Extended Release	1	QL (90 EA per 30 days); NEDS
Morphine Sulfate Intravenous Solution 50 MG/ML	1	B/D; NEDS
Morphine Sulfate Oral Solution	1	QL (1000 ML per 30 days); NEDS
Morphine Sulfate Oral Tablet	1	QL (180 EA per 30 days); NEDS
OxyCODONE HCl Oral Capsule	1	QL (180 EA per 30 days); NEDS
oxyCODONE HCl Oral Concentrate 100 MG/5ML	1	QL (180 ML per 30 days); NEDS
oxyCODONE HCl Oral Solution	1	QL (3600 ML per 30 days); NEDS
oxyCODONE HCl Oral Tablet	1	QL (180 EA per 30 days); NEDS
Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 EA per 30 days); NEDS
Oxymorphone HCl	1	QL (120 EA per 30 days); NEDS
OxyMORphone HCl ER	1	QL (60 EA per 30 days); NEDS
traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 100 MG	1	QL (90 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG	1	QL (30 EA per 30 days); NEDS
traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG	1	QL (90 EA per 30 days); NEDS
traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG	1	QL (30 EA per 30 days); NEDS
traMADol HCl Oral Tablet 50 MG	1	QL (240 EA per 30 days); NEDS
traMADol-Acetaminophen	1	QL (240 EA per 30 days); NEDS
Opiate Antagonists		
KLOXXADO	1	
Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML	1	
Naloxone HCl Injection Solution Cartridge	1	
Naloxone HCl Injection Solution Prefilled Syringe	1	
Naloxone HCl Nasal	1	
Naltrexone HCl Oral	1	
OPVEE	1	
ZIMHI	1	
Opiate Partial Agonists		
Buprenorphine HCl Sublingual Tablet Sublingual 2 MG	1	QL (90 EA per 30 days); NEDS
Buprenorphine HCl Sublingual Tablet Sublingual 8 MG	1	QL (60 EA per 30 days); NEDS
Buprenorphine HCl-Naloxone HCl Sublingual Film	1	QL (60 EA per 30 days); NEDS
Buprenorphine Transdermal	1	QL (4 EA per 28 days); NEDS
LUCEMYRA	1	QL (224 EA per 30 days); NEDS
Pentazocine-Naloxone HCl	1	ST; QL (360 EA per 30 days); NEDS
SUBOXONE SUBLINGUAL FILM	1	QL (60 EA per 30 days); NEDS
ZUBSOLV	1	QL (60 EA per 30 days); NEDS
Respiratory And Cns Stimulants		
Dexmethylphenidate HCl	1	QL (60 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG	1	QL (60 EA per 30 days); NEDS
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG	1	QL (30 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG	1	QL (30 EA per 30 days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 36 MG, 54 MG, 72 MG	1	QL (30 EA per 30 days); NEDS
Methylphenidate HCl ER Oral Tablet Extended Release 20 MG	1	QL (90 EA per 30 days); NEDS
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour	1	QL (30 EA per 30 days); NEDS
Methylphenidate HCl Oral Tablet 10 MG, 5 MG	1	QL (90 EA per 30 days)
Methylphenidate HCl Oral Tablet 20 MG	1	QL (90 EA per 30 days); NEDS
Electrolytic, Caloric, And Water Balance		
Ammonia Detoxicants		
Carglumic Acid Oral Tablet Soluble	1	PA; *; Not available at mail-order; NEDS
Constulose	1	
Enulose	1	
Generlac	1	
Lactulose Encephalopathy	1	
Lactulose Oral Solution	1	
RAVICTI	1	PA; *; Not available at mail-order; NEDS
Sodium Phenylbutyrate Oral Powder 3 GM/TSP	1	PA; *; Not available at mail-order; NEDS
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	1	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	1	B/D
CLINOLIPID	1	B/D
Dextrose Intravenous Solution 10 %, 250 MG/ML, 5 %, 50 %, 70 %	1	
Dextrose-Sodium Chloride Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	
INTRALIPID	1	B/D
NUTRILIPID	1	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL	1	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	B/D
Diuretics		
aMILoride HCl Oral	1	
aMILoride-hydroCHLOROthiazide	1	
Bumetanide Injection	1	
Bumetanide Oral	1	
Chlorthalidone Oral Tablet 25 MG, 50 MG	1	
DIURIL	1	
Furosemide Injection	1	
Furosemide Oral Solution 10 MG/ML, 8 MG/ML	1	
Furosemide Oral Tablet	1	
hydroCHLOROthiazide Oral	1	
Indapamide Oral	1	
metOLazone	1	
Torsemide Oral	1	
Triamterene-HCTZ Oral Capsule 37.5-25 MG	1	
Triamterene-HCTZ Oral Tablet	1	
Ion-Removing Agents		
KIONEX COMBINATION	1	
KIONEX ORAL SUSPENSION	1	
LOKELMA ORAL PACKET 10 GM	1	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	1	QL (30 EA per 30 days)
Sodium Polystyrene Sulfonate Oral Powder	1	
SPS	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
VELTASSA	1	QL (30 EA per 30 days)
Replacement Preparations		
KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%	1	B/D
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	

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

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
Potassium Chloride Crys ER	1	
Potassium Chloride ER	1	
Potassium Chloride Intravenous Solution 10 MEQ/100ML, 10 MEQ/50ML, 2 MEQ/ML, 2 MEQ/ML (20 ML), 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	1	
Potassium Chloride Oral Packet	1	
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	1	
Potassium Citrate ER	1	
Sodium Chloride (PF)	1	
Sodium Chloride Injection Solution 2.5 MEQ/ML	1	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1	
Sodium Chloride Irrigation Solution 0.9 %	1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	B/D
Eye, Ear, Nose, And Throat (Eent) Preparations		
Antiallergic Agents		
Azelastine HCl Nasal Solution 0.1 %, 0.15 %	1	
Azelastine HCl Ophthalmic	1	
Cromolyn Sodium Ophthalmic	1	
Epinastine HCl	1	
Olopatadine HCl Ophthalmic	1	
Antiglaucoma Agents		
acetaZOLAMIDE ER	1	
acetaZOLAMIDE Oral	1	
Betaxolol HCl Ophthalmic	1	
BETOPTIC-S	1	
Brimonidine Tartrate Ophthalmic	1	
Brimonidine Tartrate-Timolol	1	
Brinzolamide	1	
COMBIGAN	1	
Dorzolamide HCl Ophthalmic	1	

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

Drug Name	Drug Tier	Requirements/Limits
Dorzolamide HCl-Timolol Mal	1	
Latanoprost Ophthalmic	1	
Levobunolol HCl Ophthalmic Solution 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	QL (5 ML per 25 days)
methazolAMIDE Oral	1	
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	1	
RHOPRESSA	1	PA
ROCKLATAN	1	QL (2.5 ML per 30 days)
SIMBRINZA	1	
Timolol Maleate Ophthalmic	1	
VYZULTA	1	QL (5 ML per 25 days)
Anti-Infectives (Eent)		
ACETASOL HC	1	
Acetic Acid Otic	1	
AK-Poly-Bac	1	
Antibiotic Ear	1	
Bacitracin Ophthalmic	1	
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	1	
Bacitra-Neomycin-Polymyxin-HC	1	
Chlorhexidine Gluconate Mouth/Throat	1	
CILOXAN OPHTHALMIC OINTMENT	1	
Ciprofloxacin HCl Ophthalmic	1	
Ciprofloxacin-Dexamethasone	1	
Erythromycin Ophthalmic	1	
Gentamicin Sulfate Ophthalmic Solution	1	
Hydrocortisone-Acetic Acid	1	
Moxifloxacin HCl Ophthalmic Solution	1	
NATACYN	1	
Neomycin-Bacitracin Zn-Polymyx	1	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	1	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	1	
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	1	

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

Drug Name	Drug Tier	Requirements/Limits
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	1	
Neomycin-Polymyxin-HC Otic Solution 1 %	1	
Neomycin-Polymyxin-HC Otic Suspension	1	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
Ofloxacin Ophthalmic	1	
Ofloxacin Otic	1	
PAROEX	1	
PERIOGARD	1	
POLYCIN	1	
Polymyxin B-Trimethoprim	1	
Sulfacetamide Sodium Ophthalmic	1	
Sulfacetamide-prednisoLONE Ophthalmic Solution	1	
TOBRADEX OPHTHALMIC OINTMENT	1	
Tobramycin Ophthalmic	1	
Tobramycin-Dexamethasone	1	
Trifluridine Ophthalmic	1	
ZIRGAN	1	
Anti-Inflammatory Agents (Eent)		
Dexamethasone Sodium Phosphate Ophthalmic	1	
Diclofenac Sodium Ophthalmic	1	
Difluprednate	1	
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	1	QL (75 ML per 30 days)
Fluorometholone Ophthalmic	1	
Flurbiprofen Sodium	1	
Fluticasone Propionate Nasal	1	QL (16 GM per 30 days)
FML FORTE	1	
Ketorolac Tromethamine Ophthalmic	1	
MAXIDEX	1	
MIEBO	1	QL (12 ML per 30 days); NEDS
Mometasone Furoate Nasal	1	ST; QL (34 GM per 30 days)
PRED MILD	1	
prednisoLONE Acetate Ophthalmic	1	
PrednisoLONE Sodium Phosphate Ophthalmic	1	

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

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	1	QL (60 EA per 30 days); NEDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	1	QL (5.5 ML per 27 days); NEDS
XHANCE	1	PA; QL (32 ML per 30 days)
XIIDRA	1	QL (60 EA per 30 days); NEDS
Eent Drugs, Miscellaneous		
Apraclonidine HCl	1	
Carteolol HCl	1	
CYSTARAN	1	NEDS
Ipratropium Bromide Nasal	1	QL (30 ML per 30 days)
Lidocaine HCl External Solution	1	
Lidocaine Viscous HCl	1	
XDEMVY	1	PA; QL (10 ML per 42 days); NEDS
Local Anesthetics (Eent)		
Proparacaine HCl Ophthalmic	1	
Gastrointestinal Drugs		
Antidiarrhea Agents		
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	1	PA; NEDS
Loperamide HCl Oral Capsule	1	
XERMELO	1	PA; QL (84 EA per 28 days); NEDS
Antiemetics		
Aprepitant Oral Capsule 125 MG	1	B/D; QL (2 EA per 30 days)
Aprepitant Oral Capsule 40 MG, 80 MG	1	B/D; QL (4 EA per 30 days)
Aprepitant Oral Capsule 80 & 125 MG	1	B/D; QL (6 EA per 30 days)
COMPRO	1	NEDS
Dronabinol	1	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	1	B/D
Granisetron HCl Oral	1	B/D
Meclizine HCl Oral Tablet 12.5 MG	1	
Meclizine HCl Oral Tablet 25 MG	1	NEDS
Ondansetron HCl Oral Solution	1	B/D
Ondansetron HCl Oral Tablet 4 MG, 8 MG	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	1	B/D
Prochlorperazine	1	NEDS
Prochlorperazine Maleate Oral	1	NEDS
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG	1	NEDS
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	1	PA; NEDS
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	1	NEDS
Scopolamine	1	QL (10 EA per 30 days); NEDS
Anti-Inflammatory Agents (Gi Drugs)		
Balsalazide Disodium	1	
Mesalamine ER Oral Capsule Extended Release 24 Hour	1	QL (120 EA per 30 days)
Mesalamine Oral Capsule Delayed Release	1	QL (180 EA per 30 days)
Mesalamine Oral Tablet Delayed Release	1	
Mesalamine Rectal Enema	1	
Mesalamine-Cleanser	1	
Antiulcer Agents And Acid Suppressants		
Amoxicill-Clarithro-Lansopraz Oral Therapy Pack	1	
CARAFATE ORAL SUSPENSION	1	
Cimetidine HCl Oral Solution 300 MG/5ML	1	
Cimetidine Oral	1	
Dexlansoprazole	1	ST; QL (30 EA per 30 days)
Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG	1	ST; QL (30 EA per 30 days)
Esomeprazole Magnesium Oral Capsule Delayed Release 40 MG	1	ST; QL (60 EA per 30 days)
Famotidine Oral Tablet 20 MG, 40 MG	1	
Lansoprazole Oral Capsule Delayed Release	1	QL (60 EA per 30 days)
miSOPROStol Oral	1	
Omeprazole Oral Capsule Delayed Release	1	QL (60 EA per 30 days)
Pantoprazole Sodium Oral Tablet Delayed Release	1	QL (60 EA per 30 days)
RABEprazole Sodium Oral Tablet Delayed Release	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Sucralfate Oral	1	
Gi Drugs, Miscellaneous		
Alosetron HCl	1	PA; NEDS
CHENODAL	1	ST; NEDS
CREON	1	
GATTEX	1	PA; *; Not available at mail-order; NEDS
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	1	
LINZESS	1	QL (30 EA per 30 days)
Metoclopramide HCl Oral Solution 10 MG/10ML, 5 MG/5ML	1	
Metoclopramide HCl Oral Tablet	1	
MOVANTIK	1	QL (30 EA per 30 days)
PEG 3350-KCl-Na Bicarb-NaCl	1	
PEG-3350/Electrolytes	1	
RELISTOR ORAL	1	PA; QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA; QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	PA; QL (12 ML per 30 days); NEDS
Ursodiol Oral Capsule 300 MG	1	
Ursodiol Oral Tablet	1	
VOWST	1	PA; QL (12 EA per 30 days); NEDS
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (84 EA per 28 days); 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	1	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	1	QL (180 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	1	
Deferasirox Oral Tablet Soluble 125 MG	1	PA; *; Not available at mail-order
Deferasirox Oral Tablet Soluble 250 MG, 500 MG	1	PA; *; Not available at mail-order; NEDS
Deferiprone	1	PA; *; Not available at mail-order; NEDS
penicillAMINE Oral Tablet	1	*; Not available at mail-order; NEDS
Trientine HCl Oral Capsule 250 MG	1	PA; *; Not available at mail-order; QL (240 EA per 30 days); NEDS
Trientine HCl Oral Capsule 500 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
Hormones And Synthetic Substitutes		
Adrenals		
Budesonide ER Oral Tablet Extended Release 24 Hour	1	PA; QL (30 EA per 30 days); NEDS
Budesonide Oral	1	
Dexamethasone Oral Elixir	1	
Dexamethasone Oral Solution	1	
dexAMETHasone Oral Tablet	1	
EOHILIA	1	PA; QL (600 ML per 30 days)
Fludrocortisone Acetate Oral	1	
Hydrocortisone Oral	1	
methylPREDNISolone Oral	1	
MILLIPRED ORAL TABLET	1	
prednisoLONE Oral Solution	1	
prednisoLONE Oral Tablet	1	
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 5 MG/5ML	1	
PREDNISONE INTENSOL	1	
PredniSONE Oral Solution	1	
predniSONE Oral Tablet	1	
predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)	1	

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

Drug Name	Drug Tier	Requirements/Limits
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	QL (30 EA per 30 days)
Danazol Oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1	
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML, 200 MG/ML (1 ML)	1	
Testosterone Enanthate Intramuscular Solution	1	
Testosterone Transdermal Gel 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	1	
Testosterone Transdermal Solution	1	QL (180 ML per 30 days)
Antidiabetic Agents		
Acarbose Oral Tablet 100 MG, 50 MG	1	QL (90 EA per 30 days)
Acarbose Oral Tablet 25 MG	1	
BASAGLAR KWIKPEN	1	QL (30 ML per 30 days)
BASAGLAR TEMPO PEN	1	QL (30 ML per 30 days)
BYDUREON BCISE	1	PA; QL (3.4 ML per 28 days)
FARXIGA	1	QL (30 EA per 30 days)
FIASP FLEXTOUCH	1	QL (30 ML per 30 days)
FIASP INJECTION	1	QL (30 ML per 30 days)
FIASP PENFILL	1	QL (30 ML per 30 days)
FIASP PUMPCART	1	QL (30 ML per 30 days)
Glimepiride Oral Tablet 1 MG, 4 MG	1	QL (60 EA per 30 days)
Glimepiride Oral Tablet 2 MG	1	QL (30 EA per 30 days)
glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG	1	QL (60 EA per 30 days)
glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG	1	QL (90 EA per 30 days)
glipiZIDE Oral Tablet 10 MG	1	QL (120 EA per 30 days)
glipiZIDE Oral Tablet 2.5 MG	1	QL (60 EA per 30 days)
glipiZIDE Oral Tablet 5 MG	1	QL (90 EA per 30 days)
glipiZIDE XL Oral Tablet Extended Release 24 Hour 10 MG	1	QL (60 EA per 30 days)
glipiZIDE XL Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG	1	QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG	1	QL (60 EA per 30 days)
glipiZIDE-metFORMIN HCl Oral Tablet 2.5-500 MG	1	QL (90 EA per 30 days)
glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG	1	QL (120 EA per 30 days)
GLYXAMBI	1	QL (30 EA per 30 days)
HUMULIN R U-500 (CONCENTRATED)	1	QL (30 ML per 30 days); NEDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (30 ML per 30 days); NEDS
Insulin Asp Prot & Asp FlexPen	1	QL (30 ML per 30 days)
Insulin Aspart FlexPen	1	QL (30 ML per 30 days)
Insulin Aspart Injection	1	QL (30 ML per 30 days)
Insulin Aspart PenFill	1	QL (30 ML per 30 days)
Insulin Aspart Prot & Aspart	1	QL (30 ML per 30 days)
JANUMET	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA	1	QL (30 EA per 30 days)
JARDIANCE	1	QL (30 EA per 30 days)
JENTADUETO	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
LANTUS	1	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (30 ML per 30 days)
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG	1	QL (120 EA per 30 days)
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG	1	QL (90 EA per 30 days)
metFORMIN HCl Oral Tablet 1000 MG	1	QL (60 EA per 30 days)
metFORMIN HCl Oral Tablet 500 MG	1	QL (120 EA per 30 days)
metFORMIN HCl Oral Tablet 850 MG	1	QL (90 EA per 30 days)
Miglitol	1	QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	1	PA; QL (2 ML per 28 days)
NOVOLIN 70/30	1	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	1	QL (30 ML per 30 days)
NOVOLIN N	1	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	1	QL (30 ML per 30 days)
NOVOLIN R	1	QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	1	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (30 ML per 30 days)
NOVOLOG INJECTION	1	QL (30 ML per 30 days)
NOVOLOG MIX 70/30	1	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	1	QL (30 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	PA; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE)	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	1	PA; QL (3 ML per 28 days)
Pioglitazone HCl	1	QL (30 EA per 30 days)
Pioglitazone HCl-Glimepiride	1	QL (30 EA per 30 days)
Pioglitazone HCl-metFORMIN HCl	1	QL (90 EA per 30 days)
RYBELSUS	1	PA; QL (30 EA per 30 days)
RYBELSUS (FORMULATION R2)	1	PA; QL (30 EA per 30 days); NEDS
SOLIQUA	1	QL (18 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (10.8 ML per 28 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (6 ML per 28 days); NEDS
SYNJARDY	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR	1	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	1	QL (30 ML per 30 days)
TRADJENTA	1	QL (30 EA per 30 days)
TRESIBA	1	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	1	QL (30 ML per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY	1	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
XULTOPHY	1	QL (15 ML per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
GLUCAGEN HYPOKIT	1	
Glucagon Emergency Injection Kit	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
miFEPRIStone Oral Tablet 300 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
Contraceptives		
AFIRMELLE	1	
ALTAVERA	1	
Alyacen 1/35	1	
Alyacen 7/7/7	1	
APRI	1	
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30	1	

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

Drug Name	Drug Tier	Requirements/Limits
AUROVELA 1/20	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30	1	
AUROVELA FE 1/20	1	
AVIANE	1	
AYUNA	1	
AZURETTE	1	
BALZIVA	1	
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30	1	
BLISOVI FE 1/20	1	
Briellyn	1	
CAMILA	1	
CAZIANT	1	
CHATEAL	1	
CHATEAL EQ	1	
CRYSELLE-28	1	
CYCLAFEM 1/35	1	
CYCLAFEM 7/7/7	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7	1	
DEBLITANE	1	
DELYLA	1	
Desogestrel-Ethinyl Estradiol	1	
ELINEST	1	
ELURYNG	1	QL (1 EA per 28 days)
EMOQUETTE	1	
EMZAHH	1	
ENILLORING	1	QL (1 EA per 28 days)
ENPRESSE-28	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ERRIN	1	
ESTARYLLA	1	
Ethynodiol Diac-Eth Estradiol	1	
Etonogestrel-Ethinyl Estradiol	1	QL (1 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
FALMINA	1	
FEIRZA 1.5/30	1	
FEIRZA 1/20	1	
FEMYNOR	1	
HAILEY 1.5/30	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30	1	
HAILEY FE 1/20	1	
HALOETTE	1	QL (1 EA per 28 days)
HEATHER	1	
ICLEVIA	1	
INCASSIA	1	
INTROVALE	1	
ISIBLOOM	1	
JENCYCLA	1	
JOLESSA	1	
JULEBER	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALLIGA	1	
KARIVA	1	
KELNOR 1/35	1	
KELNOR 1/50	1	
KURVELO	1	
LARIN 1.5/30	1	
LARIN 1/20	1	
LARIN 24 FE	1	
LARIN FE 1.5/30	1	
LARIN FE 1/20	1	
LARISSIA	1	
LAYOLIS FE	1	
LESSINA	1	
LEVONEST	1	

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

Drug Name	Drug Tier	Requirements/Limits
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG	1	
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG	1	
Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG	1	
LEVORA 0.15/30 (28)	1	
LILLOW	1	
LOESTRIN 1.5/30 (21)	1	
LOESTRIN 1/20 (21)	1	
LOESTRIN FE 1.5/30	1	
LOESTRIN FE 1/20	1	
LOW-OGESTREL	1	
LUTERA	1	
LYLEQ	1	
LYZA	1	
Marlissa	1	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN 24 FE	1	
MICROGESTIN FE 1.5/30	1	
MICROGESTIN FE 1/20	1	
MILI	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	QL (1 EA per 365 days); NEDS
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
NECON 1/35 (28)	1	
NEXPLANON	1	QL (1 EA per 365 days); NEDS
NORA-BE	1	
Norelgestromin-Eth Estradiol	1	
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG	1	
Norethindrone Acet-Ethinyl Est Oral Tablet	1	
Norethindrone Oral	1	
Norethindron-Ethinyl Estrad-Fe	1	
Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG	1	

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

Drug Name	Drug Tier	Requirements/Limits
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	1	
Norgestim-Eth Estrad Triphasic	1	
NORLYDA	1	
NORLYROC	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7	1	
NYLIA 1/35	1	
NYLIA 7/7/7	1	
NYMYO	1	
ORSYTHIA	1	
PHILITH	1	
PIMTREA	1	
PIRMELLA 1/35	1	
PIRMELLA 7/7/7	1	
PORTIA-28	1	
PREVIFEM	1	
RECLIPSEN	1	
SETLAKIN	1	
SHAROBEL	1	
SIMLIYA	1	
SKYLA	1	QL (1 EA per 365 days); NEDS
SOLIA	1	
SPRINTEC 28	1	
SRONYX	1	
TARINA 24 FE	1	
TARINA FE 1/20	1	
TARINA FE 1/20 EQ	1	
TILIA FE	1	
TRI FEMYNOR	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	

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

Drug Name	Drug Tier	Requirements/Limits
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRINESSA (28)	1	
TRI-NYMYO	1	
TRI-PREVIFEM	1	
TRI-SPRINTEC	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TULANA	1	
TURQOZ	1	
VELIVET	1	
VIENVA	1	
Viorele	1	
VOLNEA	1	
VYFEMLA	1	
VYLIBRA	1	
WERA	1	
XARAH FE	1	
XULANE	1	
ZAFEMY	1	
ZOVIA 1/35 (28)	1	
Estrogens And Antiestrogens		
DUAVEE	1	
Estradiol Oral	1	
Estradiol Transdermal Patch Weekly	1	
ESTRING	1	
IMVEXXY MAINTENANCE PACK	1	
IMVEXXY STARTER PACK	1	
INTRAROSA	1	
PREMARIN ORAL	1	
PREMARIN VAGINAL	1	
PREMPHASE	1	
PREMPRO	1	
Raloxifene HCl	1	

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

Drug Name	Drug Tier	Requirements/Limits
Gonadotropins		
Chorionic Gonadotropin Intramuscular	1	*; Not available at mail-order
PREGNYL	1	*; Not available at mail-order
Meglitinides		
Nateglinide	1	QL (90 EA per 30 days)
Repaglinide Oral Tablet 0.5 MG, 1 MG	1	QL (120 EA per 30 days)
Repaglinide Oral Tablet 2 MG	1	QL (240 EA per 30 days)
Parathyroid		
Calcitonin (Salmon) Nasal	1	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	1	*; Not available at mail-order; QL (2.4 ML per 28 days); NEDS
Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	1	*; Not available at mail-order; QL (2.48 ML per 28 days); NEDS
TYMLOS	1	*; Not available at mail-order; QL (1.56 ML per 30 days); NEDS
Pituitary		
Desmopressin Ace Spray Refrig	1	
Desmopressin Acetate Oral	1	
Desmopressin Acetate Spray	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	1	PA; *; Not available at mail-order; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	1	PA; *; Not available at mail-order; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	1	PA; *; Not available at mail-order
INCRELEX	1	PA; *; Not available at mail-order; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	1	PA; *; Not available at mail-order; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	1	*; Not available at mail-order; NEDS
SYNAREL	1	NEDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	
GALLIFREY	1	
medroxyPROGESTERone Acetate Intramuscular	1	
medroxyPROGESTERone Acetate Oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
Norethindrone Acetate Oral	1	
Progesterone Oral	1	
Somatostatin Agonists		
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	1	*; Not available at mail-order
Octreotide Acetate Subcutaneous	1	*; Not available at mail-order
SIGNIFOR	1	PA; NEDS
Somatotropin Agonists		
Lanreotide Acetate	1	PA (NS); *; Not available at mail-order; NEDS
SOMATULINE DEPOT	1	PA (NS); *; Not available at mail-order; NEDS
Thyroid And Antithyroid Agents		
EUTHYROX	1	
LEVO-T	1	
Levothyroxine Sodium Oral Tablet	1	
LEVOXYL	1	
Liothyronine Sodium Oral	1	
methIMAzole Oral	1	
Propylthiouracil Oral	1	
SYNTHROID	1	
UNITHROID	1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
Dutasteride Oral	1	QL (30 EA per 30 days)
Finasteride Oral Tablet 5 MG	1	
Complement Inhibitors		
HAEGARDA	1	PA; *; Not available at mail-order; NEDS
Icatibant Acetate Subcutaneous Solution Prefilled Syringe	1	PA; *; Not available at mail-order; QL (18 ML per 30 days); NEDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; *; Not available at mail-order; QL (18 ML per 30 days); NEDS
Miscellaneous Therapeutic Agents		
ACTIMMUNE	1	*; Not available at mail-order; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Adalimumab-aacf (2 Pen)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
Adalimumab-aacf (2 Syringe)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
Adalimumab-aacf(CD/UC/HS Strt)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
Adalimumab-aacf(Ps/UV Starter)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
Alendronate Sodium Oral Solution	1	
Alendronate Sodium Oral Tablet 10 MG, 5 MG	1	QL (30 EA per 30 days)
Alendronate Sodium Oral Tablet 35 MG	1	QL (8 EA per 28 days)
Alendronate Sodium Oral Tablet 70 MG	1	QL (12 EA per 84 days)
Allopurinol Oral Tablet 100 MG, 300 MG	1	
Anagrelide HCl	1	
AQNEURSA	1	PA; QL (112 EA per 28 days); NEDS
ARCALYST	1	PA; *; Not available at mail-order; NEDS
Auranofin	1	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; *; Not available at mail-order; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; *; Not available at mail-order; QL (4 EA per 28 days); NEDS
azaTHIOprine Oral	1	B/D
Baclofen Oral Tablet 10 MG, 20 MG, 5 MG	1	
BAFIERTAM	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
BENLYSTA	1	PA; *; Not available at mail-order; NEDS
Betaine	1	*; Not available at mail-order; NEDS
BETASERON SUBCUTANEOUS KIT	1	PA; *; Not available at mail-order; QL (14 EA per 28 days); NEDS
BOTOX	1	PA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	1	PA; QL (900 EA per 30 days); NEDS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	1	PA; QL (300 EA per 30 days); NEDS
BYLVAY ORAL CAPSULE 1200 MCG	1	PA; QL (180 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL CAPSULE 400 MCG	1	PA; QL (540 EA per 30 days); NEDS
Cabergoline	1	
Cinacalcet HCl Oral Tablet 30 MG, 60 MG	1	B/D; *; Not available at mail-order; QL (60 EA per 30 days)
Cinacalcet HCl Oral Tablet 90 MG	1	B/D; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
Colchicine Oral	1	
Colchicine-Probenecid	1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	PA; *; Not available at mail-order; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	PA; *; Not available at mail-order; QL (12 ML per 28 days); NEDS
CORTROPHIN	1	PA; *; Not available at mail-order; QL (35 ML per 28 days); NEDS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML	1	PA; Not available at mail-order; QL (10.5 ML per 28 days); NEDS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 80 UNIT/ML	1	PA; Not available at mail-order; QL (21 ML per 28 days); NEDS
COSENTYX (300 MG DOSE)	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG)	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; *; Not available at mail-order; QL (2.5 ML per 28 days); NEDS
COSENTYX UNOREADY	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
CRYSVITA	1	PA; *; Not available at mail-order; NEDS
cycloSPORINE Modified	1	B/D
CycloSPORINE Oral Capsule	1	B/D
CYSTAGON	1	PA; *; Not available at mail-order
Dalfampridine ER	1	PA; *; Not available at mail-order; QL (60 EA per 30 days)
DAYBUE	1	PA; QL (3600 ML per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
Dimethyl Fumarate Oral	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Disulfiram Oral	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	1	PA; *; Not available at mail-order; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	1	PA; *; Not available at mail-order; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; *; Not available at mail-order; QL (1.34 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; *; Not available at mail-order; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
DYSPORT	1	PA
ELMIRON	1	NEDS
ENBREL MINI	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	1	PA; *; Not available at mail-order; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; *; Not available at mail-order; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENSPRYNG	1	PA; *; Not available at mail-order; NEDS
ENVARSUS XR	1	B/D; NEDS
Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	B/D; NEDS
FABHALTA	1	PA; QL (60 EA per 30 days)
Febuxostat	1	ST; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FILSUVEZ	1	PA; QL (702 GM per 30 days); NEDS
Fingolimod HCl	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
GAMMAGARD	1	B/D; *; Not available at mail-order; NEDS
GAMMAGARD S/D LESS IGA	1	B/D; *; Not available at mail-order; NEDS
GAMUNEX-C	1	B/D; *; Not available at mail-order; NEDS
GEMTESA	1	QL (30 EA per 30 days); NEDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D
GENGRAF ORAL SOLUTION	1	B/D
HUMIRA (1 PEN)	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	1	PA; *; Not available at mail-order; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PED<40KG CROHNS STARTER	1	PA; *; Not available at mail-order; QL (2 EA per 28 days); NEDS
HUMIRA-PED>/=40KG CROHNS START	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
HUMIRA-PED>/=40KG UC STARTER	1	PA; *; Not available at mail-order; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UVEIT STARTER	1	PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS
Ibandronate Sodium Oral	1	
IDACIO (2 PEN)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
IDACIO (2 SYRINGE)	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
IDACIO-CROHNS/UC STARTER	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
IDACIO-PSORIASIS STARTER	1	PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS
INFLECTRA	1	PA; *; Not available at mail-order; NEDS
JAVYGTOR	1	PA; *; Not available at mail-order; NEDS
JOENJA	1	PA; QL (60 EA per 30 days); NEDS
JYNARQUE ORAL TABLET	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
JYNARQUE ORAL TABLET THERAPY PACK	1	PA; QL (56 EA per 28 days); NEDS
KESIMPTA	1	PA; *; Not available at mail-order; QL (0.4 ML per 28 days); NEDS
Leflunomide Oral Tablet 10 MG	1	QL (60 EA per 30 days)
Leflunomide Oral Tablet 20 MG	1	
Leucovorin Calcium Injection Solution 500 MG/50ML	1	B/D
Leucovorin Calcium Injection Solution Reconstituted	1	B/D
Leucovorin Calcium Oral	1	
levOCARNitine Oral Solution	1	B/D
levOCARNitine Oral Tablet	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
L-Glutamine Oral Packet	1	PA; *; Not available at mail-order; QL (180 EA per 30 days); NEDS
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; QL (45 ML per 30 days); NEDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; QL (90 ML per 30 days); NEDS
MAYZENT	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; *; Not available at mail-order; QL (12 EA per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	1	PA; *; Not available at mail-order; QL (7 EA per 30 days); NEDS
Mesna Oral	1	
metyroSINE	1	NEDS
Miglustat	1	PA; *; Not available at mail-order; NEDS
MIPLYFFA	1	PA; QL (90 EA per 30 days); NEDS
Mycophenolate Mofetil Oral Capsule	1	B/D
Mycophenolate Mofetil Oral Suspension Reconstituted	1	B/D; NEDS
Mycophenolate Mofetil Oral Tablet	1	B/D
Mycophenolate Sodium	1	B/D
MYHIBBIN	1	B/D; NEDS
Nitisinone	1	PA; *; Not available at mail-order; NEDS
ORFADIN ORAL SUSPENSION	1	PA; NEDS
OTEZLA ORAL TABLET	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	1	PA; *; Not available at mail-order; QL (55 EA per 28 days); NEDS
Pamidronate Disodium Intravenous Solution	1	PA
PLEGRIDY	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
PLEGRIDY STARTER PACK	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
Probenecid Oral	1	
PROGRAF ORAL PACKET	1	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	*; Not available at mail-order; QL (1 ML per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND	1	PA; QL (56 EA per 28 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	1	PA; QL (7 EA per 28 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA; QL (14 EA per 28 days); NEDS
RENFLEXIS	1	PA; *; Not available at mail-order; NEDS
REZDIFFRA	1	PA; QL (30 EA per 30 days); NEDS
REZUROCK	1	PA (NS); QL (30 EA per 30 days); NEDS
RIDAURA	1	
RINVOQ	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
RINVOQ LQ	1	PA; *; Not available at mail-order; QL (360 ML per 30 days); NEDS
Risedronate Sodium Oral Tablet 150 MG	1	QL (1 EA per 28 days)
Risedronate Sodium Oral Tablet 30 MG, 5 MG	1	QL (30 EA per 30 days)
Risedronate Sodium Oral Tablet 35 MG, 35 MG (12 PACK), 35 MG (4 PACK)	1	QL (4 EA per 28 days)
Risedronate Sodium Oral Tablet Delayed Release	1	QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	1	B/D
Sapropterin Dihydrochloride Oral Packet	1	PA; *; Not available at mail-order; NEDS
Sapropterin Dihydrochloride Oral Tablet	1	PA; *; Not available at mail-order; NEDS
Sirolimus Oral Solution	1	B/D; NEDS
Sirolimus Oral Tablet	1	B/D
SKYCLARYS	1	PA; QL (90 EA per 30 days); NEDS
SKYRIZI (150 MG DOSE)	1	PA; *; Not available at mail-order; QL (2 EA per 28 days); NEDS
SKYRIZI INTRAVENOUS	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
SKYRIZI PEN	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	1	PA; *; Not available at mail-order; QL (1.2 ML per 56 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	1	PA; *; Not available at mail-order; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
SOHONOS ORAL CAPSULE 1 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; *; Not available at mail-order; QL (90 EA per 30 days); NEDS
SPEVIGO SUBCUTANEOUS	1	PA; QL (2 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
Tacrolimus Oral	1	B/D
TAVNEOS	1	PA; QL (180 EA per 30 days); NEDS
Teriflunomide	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	*; Not available at mail-order; QL (30 EA per 30 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	*; Not available at mail-order; QL (60 EA per 30 days); NEDS
Tranexamic Acid Oral	1	
TREMFYA CROHNS INDUCTION	1	PA; Not available at mail-order; QL (4 ML per 28 days); NEDS
TREMFYA ONE-PRESS	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA; *; Not available at mail-order; QL (2 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA; *; Not available at mail-order; QL (2 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	1	PA; *; Not available at mail-order; QL (2 ML per 28 days); NEDS
TYBOST	1	
VANRAFIA	1	PA; QL (30 EA per 30 days); NEDS
VELSIPITY	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
VOXZOGO	1	PA; *; Not available at mail-order; NEDS
VUMERITY	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
VYJUVEK	1	PA; *; Not available at mail-order; QL (10 ML per 28 days); NEDS
XELJANZ ORAL SOLUTION	1	PA; *; Not available at mail-order; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
XELJANZ XR	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
XEOMIN	1	PA
XGEVA	1	PA (NS); *; Not available at mail-order; QL (1.7 ML per 28 days); NEDS
YARGESA	1	PA; *; Not available at mail-order; NEDS
ZEPOSIA	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK	1	PA; *; Not available at mail-order; QL (7 EA per 7 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	1	PA; *; Not available at mail-order; QL (37 EA per 37 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	1	PA; *; Not available at mail-order; QL (28 EA per 28 days); NEDS
Nutritional/Supplements		
Vitamins		
Calcitriol Oral	1	B/D
Paricalcitol Oral	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
Prenatal Oral Tablet 27-1 MG	1	
Pharmaceutical Aids		
Pharmaceutical Aids		
Alcohol Prep	1	PA
Alcohol Prep Pads	1	PA
Alcohol Swabs	1	PA
Alcohol Swabstick Pad	1	PA
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA
AUM Alcohol Prep Pads	1	PA
BAND-AID GAUZE SMALL	1	PA
BD AUTOSHIELD DUO	1	PA
BD INS SYR ULTRAFINE 1/2UNIT	1	PA
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	1	PA
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G 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, U-100 1 ML	1	PA
BD INSULIN SYRINGE HALF-UNIT	1	PA
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	1	PA
BD INSULIN SYRINGE U/F	1	PA
BD INSULIN SYRINGE U-500	1	PA
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, 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	1	PA
BD PEN NEEDLE MICRO U/F	1	PA
BD PEN NEEDLE MICRO ULTRAFINE	1	PA
BD PEN NEEDLE MINI U/F	1	PA
BD PEN NEEDLE MINI ULTRAFINE	1	PA
BD PEN NEEDLE NANO 2ND GEN	1	PA
BD PEN NEEDLE NANO U/F	1	PA
BD PEN NEEDLE NANO ULTRAFINE	1	PA
BD PEN NEEDLE ORIG ULTRAFINE	1	PA
BD PEN NEEDLE ORIGINAL U/F	1	PA
BD PEN NEEDLE SHORT U/F	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE SHORT ULTRAFINE	1	PA
BD SAFETYGLIDE INSULIN SYRINGE	1	PA
BD SWAB SINGLE USE REGULAR	1	PA
BD VEO INSULIN SYR U/F 1/2UNIT	1	PA
BD VEO INSULIN SYR ULTRAFINE	1	PA
BD VEO INSULIN SYRINGE U/F	1	PA
CARETOUCH ALCOHOL PREP	1	PA
CURITY ALCOHOL PREPS	1	PA
CURITY ALL PURPOSE SPONGES PAD 2"X2"	1	PA
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	1	PA
CURITY GAUZE PAD 2"X2"	1	PA
CURITY GAUZE SPONGE PAD 2"X2"	1	PA
CURITY SPONGES PAD 2"X2"	1	PA
CVS Alcohol Prep Pads	1	PA
CVS Antibacterial Gauze	1	PA
CVS Gauze Pad 2"X2"	1	PA
CVS Gauze Sterile Pad 2"X2"	1	PA
CVS Isopropyl Alcohol Wipes	1	PA
CVS Prep	1	PA
DERMACEA GAUZE SPONGE PAD 2"X2"	1	PA
DERMACEA IV DRAIN SPONGES PAD 2"X2"	1	PA
DERMACEA IV SPONGES	1	PA
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	1	PA
DERMACEA TYPE VII GAUZE PAD 2"X2"	1	PA
DROPSAFE ALCOHOL PREP	1	PA
EASY TOUCH ALCOHOL PREP MEDIUM	1	PA
EQL Alcohol Swabs	1	PA
EQL Gauze Pad 2"X2"	1	PA
EXCILON IV SPONGES	1	PA
FIFTY50 ALCOHOL PREP	1	PA
Gauze Pads Pad 2"X2"	1	PA
Gauze Type VII Medi-Pak	1	PA
Global Alcohol Prep Ease	1	PA
GNP Alcohol Swabs Pad 70 %	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
GNP Sterile Gauze Pad 2"X2"	1	PA
GoodSense Alcohol Swabs	1	PA
H-E-B inControl Alcohol	1	PA
HM Sterile Alcohol Prep	1	PA
HM Sterile Pads Pad 2"X2"	1	PA
Isopropyl Alcohol External	1	PA
Isopropyl Alcohol Wipes	1	PA
J & J GAUZE PAD 2"X2"	1	PA
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	PA
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	PA
Meijer Alcohol Swabs	1	PA
MIRASORB SPONGES 2"X2"	1	PA
NOVOPEN ECHO	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD GO	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD POD PALS	1	QL (10 EA per 30 days)
QC Alcohol	1	PA
QC Alcohol Swabs	1	PA
QC Border Island Gauze	1	PA
QC Sterile Pads Pad 2"X2"	1	PA
RA Alcohol Swabs	1	PA
RA Isopropyl Alcohol Wipes	1	PA
RA Sterile Pad 2"X2"	1	PA
Reality Swabs	1	PA
RELION ALCOHOL SWABS	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
SB Alcohol Prep	1	PA
SILIGENTLE FOAM DRESSING PAD 2"X2"	1	PA
SM Alcohol Prep	1	PA
SM Gauze Pad 2"X2"	1	PA
SM Sterile Pad 2"X2"	1	PA
Sterile Gauze Pad 2"X2"	1	PA
Sterile Pad 2"X2"	1	PA
Sure Comfort Alcohol Prep	1	PA
TEGADERM FOAM PAD 2"X2"	1	PA
THERAGAUZE PAD 2"X2"	1	PA
True Comfort Pro Alcohol Prep	1	PA
ULTICARE ALCOHOL SWABS	1	PA
Ultilet Alcohol Swabs	1	PA
Ultra-Care Alcohol Prep Pads	1	PA
V-GO 20 KIT 20 UNIT/24HR	1	PA (NS); QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	1	PA (NS); QL (30 EA per 30 days)
V-GO 40 KIT 40 UNIT/24HR	1	PA (NS); QL (30 EA per 30 days)
WEBCOL ALCOHOL PREP LARGE	1	PA
WEBCOL ALCOHOL PREP MEDIUM	1	PA
ZevRx Sterile Alcohol Prep Pad	1	PA
Respiratory Tract Agents		
Corticosteroids (Respiratory Tract)		
ADVAIR HFA	1	QL (12 GM per 30 days)
ARNUITY ELLIPTA	1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)
BREYNA	1	QL (10.3 GM per 30 days)
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	1	B/D
Budesonide Inhalation Suspension 1 MG/2ML	1	B/D; QL (60 ML per 30 days)
Budesonide-Formoterol Fumarate	1	QL (10.2 GM per 30 days)
DULERA	1	QL (13 GM per 30 days)
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT	1	QL (60 EA per 30 days)
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 250 MCG/ACT	1	QL (240 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	1	QL (180 EA per 30 days)
Fluticasone Propionate HFA	1	QL (24 GM per 30 days)
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	QL (60 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	1	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	1	QL (1 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	QL (60 EA per 30 days)
Leukotriene Modifiers		
Montelukast Sodium Oral	1	QL (30 EA per 30 days)
Zafirlukast	1	QL (60 EA per 30 days)
Respiratory Tract Agents, Miscellaneous		
Acetylcysteine Inhalation	1	B/D
ADEMPAS	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ALYFTREK	1	PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS
BEVESPI AEROSPHERE	1	QL (10.7 GM per 30 days)
Bosentan Oral Tablet 125 MG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
Bosentan Oral Tablet 62.5 MG	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
BREZTRI AEROSPHERE	1	QL (11 GM per 30 days)
BRONCHITOL	1	PA; *; Not available at mail-order; QL (560 EA per 28 days); NEDS
Cromolyn Sodium Inhalation	1	B/D
Cromolyn Sodium Oral	1	
ELIXOPHYLLIN	1	
EPINEPHrine Injection Solution 0.3 MG/0.3ML	1	
EPINEPHrine Injection Solution Auto-Injector	1	

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

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	1	PA; *; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG	1	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 50 MG, 75 MG	1	PA; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET	1	PA; QL (60 EA per 30 days); NEDS
OFEV	1	PA; *; Not available at mail-order; NEDS
OPSUMIT	1	PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS
ORKAMBI ORAL PACKET 100-125 MG	1	PA; QL (112 EA per 28 days); NEDS
ORKAMBI ORAL PACKET 150-188 MG, 75-94 MG	1	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	1	PA; QL (112 EA per 28 days); NEDS
Pirfenidone	1	PA; *; Not available at mail-order; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	PA; *; Not available at mail-order; QL (150 ML per 30 days); NEDS
Roflumilast Oral Tablet 250 MCG	1	PA
Roflumilast Oral Tablet 500 MCG	1	PA; QL (30 EA per 30 days)
SPIRIVA HANDIHALER	1	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	1	QL (4 GM per 30 days)
STIOLTO RESPIMAT	1	QL (4 GM per 30 days)
Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG, 450 MG	1	
Theophylline ER Oral Tablet Extended Release 24 Hour	1	
Theophylline Oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA; QL (90 EA per 30 days); NEDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	1	PA; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	1	PA; QL (56 EA per 28 days); NEDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET 200 MCG	1	PA; Not available at mail-order; QL (140 EA per 28 days); NEDS
UPTRAVI TITRATION	1	PA; Not available at mail-order; QL (200 EA per 28 days); NEDS
WINREVAIR	1	PA; *; Not available at mail-order; NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	1	PA; *; Not available at mail-order; QL (6 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	1	PA; *; Not available at mail-order; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; *; Not available at mail-order; QL (6 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; *; Not available at mail-order; QL (8 EA per 28 days); NEDS
ZEMAIRA	1	PA; *; Not available at mail-order; NEDS
Serums, Toxoids, And Vaccines		
Toxoids		
ADACEL	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
INFANRIX	1	

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

Drug Name	Drug Tier	Requirements/Limits
TDVAX	1	
TENIVAC	1	
Tetanus-Diphtheria Toxoids Td	1	
Vaccines		
ABRYSVO	1	
ACTHIB	1	
AREXVY	1	
BCG Vaccine Injection Solution Reconstituted	1	
BEXSERO	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D
HIBERIX INJECTION	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
IPOL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO	1	
M-M-R II INJECTION	1	
MRESVIA	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
PRIORIX	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
Stamaril	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	*; Not available at mail-order
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	
Skin And Mucous Membrane Agents		
Antibacterials (Skin And Mucous Membrane)		
Benzoyl Peroxide-Erythromycin	1	
CLINDACIN ETZ EXTERNAL SWAB	1	
Clindamycin Phos (Once-Daily)	1	
Clindamycin Phos (Twice-Daily)	1	
Clindamycin Phosphate External Gel	1	
Clindamycin Phosphate External Lotion	1	
Clindamycin Phosphate External Solution	1	QL (60 ML per 28 days)
Clindamycin Phosphate External Swab	1	
Clindamycin Phosphate Vaginal	1	
Ery	1	
Erythromycin External Gel	1	
Erythromycin External Solution	1	

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

Drug Name	Drug Tier	Requirements/Limits
Gentamicin Sulfate External Cream	1	QL (90 GM per 30 days)
Gentamicin Sulfate External Ointment	1	
metroNIDAZOLE Vaginal	1	
Mupirocin External	1	
Antifungals (Skin And Mucous Membrane)		
CICLODAN EXTERNAL SOLUTION	1	
Ciclopirox External Solution	1	
Ciclopirox Olamine External	1	
Clotrimazole External Cream	1	
Clotrimazole External Solution	1	
Clotrimazole Mouth/Throat Troche	1	QL (70 EA per 14 days)
Clotrimazole-Betamethasone	1	
Econazole Nitrate External	1	QL (85 GM per 30 days)
Ketoconazole External Cream	1	QL (60 GM per 28 days)
Ketoconazole External Shampoo 2 %	1	
KLAYESTA	1	
Miconazole 3 Vaginal Suppository	1	
NYAMYC	1	
Nystatin External	1	
Nystatin-Triamcinolone	1	
NYSTOP	1	
Terconazole	1	
Anti-Inflammatory Agents (Skin And Mucous)		
Ala-Cort External Cream 1 %	1	
Alclometasone Dipropionate	1	
Betamethasone Dipropionate Aug	1	
Betamethasone Dipropionate External	1	
Betamethasone Valerate External	1	
Clobetasol Propionate E	1	
Clobetasol Propionate External Cream 0.05 %	1	
Clobetasol Propionate External Foam	1	
Clobetasol Propionate External Gel	1	
Clobetasol Propionate External Liquid	1	
Clobetasol Propionate External Lotion	1	
Clobetasol Propionate External Ointment	1	

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

Drug Name	Drug Tier	Requirements/Limits
Clobetasol Propionate External Shampoo	1	
Clobetasol Propionate External Solution	1	QL (50 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	1	
Desonide External Cream	1	
Desonide External Lotion	1	
Desonide External Ointment	1	
Desoximetasone External Cream	1	
Desoximetasone External Gel	1	
Desoximetasone External Ointment	1	
Fluocinolone Acetonide Body	1	
Fluocinolone Acetonide External	1	
Fluocinolone Acetonide Scalp	1	
Fluocinonide External Gel	1	
Fluocinonide External Ointment	1	
Fluocinonide External Solution	1	
Fluticasone Propionate External Cream	1	
Fluticasone Propionate External Ointment	1	
Halobetasol Propionate External Cream	1	
Halobetasol Propionate External Ointment	1	
Hydrocortisone (Perianal)	1	
Hydrocortisone Butyrate External Ointment	1	
Hydrocortisone External Cream 1 %, 2.5 %	1	
Hydrocortisone External Lotion 2.5 %	1	
Hydrocortisone External Ointment 1 %, 2.5 %	1	
Hydrocortisone Rectal Enema	1	
Hydrocortisone Valerate	1	
KOURZEQ	1	
Mometasone Furoate External	1	
ORALONE	1	
PROCTOCARE-HC EXTERNAL	1	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
Triamcinolone Acetonide External Cream	1	
Triamcinolone Acetonide External Lotion	1	
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	1	

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

Drug Name	Drug Tier	Requirements/Limits
Triamcinolone Acetonide Mouth/Throat	1	
TRIDERM EXTERNAL CREAM 0.5 %	1	
Antivirals (Skin And Mucous Membrane)		
Acyclovir External Ointment	1	
Penciclovir	1	
Local Anti-Infectives, Miscellaneous		
metroNIDAZOLE External	1	
ROSADAN EXTERNAL CREAM	1	
ROSADAN EXTERNAL GEL	1	
Selenium Sulfide External Lotion	1	
Silver sulfADIAZINE External	1	
SSD	1	
Sulfacetamide Sodium (Acne)	1	
THERMAZENE	1	
Scabicides And Pediculicides		
CROTAN	1	
Lindane External Shampoo	1	
Malathion External	1	
Permethrin External Cream	1	
Skin And Mucous Membrane Agents, Misc.		
ACCUTANE	1	
Acitretin	1	PA
Adapalene External Gel	1	
Ammonium Lactate External	1	
AMNESTEEM	1	
AVITA	1	
Bexarotene External	1	PA (NS); *; Not available at mail-order; NEDS
Calcipotriene External Cream	1	QL (120 GM per 30 days)
Calcipotriene External Ointment	1	QL (120 GM per 30 days)
Calcipotriene External Solution	1	QL (120 ML per 30 days)
CALCITRENE	1	QL (120 GM per 30 days)
CLARAVIS	1	
Fluorouracil External Cream 5 %	1	
Fluorouracil External Solution	1	

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

Drug Name	Drug Tier	Requirements/Limits
Imiquimod External Cream 5 %	1	
ISOtretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	1	
Lidocaine External Ointment 5 %	1	QL (180 GM per 30 days)
Lidocaine External Patch 5 %	1	PA; QL (90 EA per 30 days)
Lidocaine-Prilocaine External Cream	1	B/D; QL (30 GM per 30 days)
LIDOCAN	1	PA; QL (90 EA per 30 days)
Methoxsalen Rapid	1	NEDS
MYORISAN	1	
Nitroglycerin Rectal	1	PA
Pimecrolimus	1	ST
Podofilox External Solution	1	
REGRANEX	1	PA; NEDS
SANTYL	1	QL (90 GM per 30 days)
Tacrolimus External Ointment	1	ST
Tazarotene External Cream 0.1 %	1	
Tretinoin External	1	
TRIDACAINE II	1	PA; QL (90 EA per 30 days)
ZENATANE	1	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
Fesoterodine Fumarate ER	1	PA; QL (30 EA per 30 days)
FlavoxATE HCl	1	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	1	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	QL (30 EA per 30 days)
Oxybutynin Chloride ER	1	PA; QL (60 EA per 30 days)
oxyBUTYnin Chloride Oral Solution	1	PA
Oxybutynin Chloride Oral Tablet 5 MG	1	PA
Solifenacin Succinate	1	PA; QL (30 EA per 30 days)
Tolterodine Tartrate ER	1	PA; QL (30 EA per 30 days)

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

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

Index

Abacavir Sulfate 6
Abacavir Sulfate-lamiVUDine 6
ABELCET 5
ABILIFY ASIMTUFII 44
ABILIFY MAINTENA 44
ABILIFY MYCITE 44
ABILIFY MYCITE MAINTENANCE KIT 44
ABILIFY MYCITE STARTER KIT 44
Abiraterone Acetate 14
ABIRTEGA 14
ABRYSVO 90
Acamprosate Calcium 49
Acarbose 63
ACCUTANE 94
Acebutolol HCl 33
Acetaminophen-Codeine 51
ACETASOL HC 57
acetaZOLAMIDE 56
acetaZOLAMIDE ER 56
Acetic Acid 57
Acetylcysteine 87
Acitretin 94
ACTHIB 90
ACTIMMUNE 73
Acyclovir 9, 94
Acyclovir Sodium 9
ADACEL 89
Adalimumab-aacf (2 Pen) 74
Adalimumab-aacf (2 Syringe) 74
Adalimumab-aacf(CD/UC/HS Strt) 74
Adalimumab-aacf(Ps/UV Starter) 74
Adapalene 94
Adefovir Dipivoxil 9
ADEMPAS 87
ADVAIR HFA 86
AFIRMELLE 66
AIMOVIG 42
AKEEGA 15
AK-Poly-Bac 57
Ala-Cort 92
Albendazole 4
Albuterol Sulfate 29
Albuterol Sulfate HFA 29
Alclometasone Dipropionate 92
Alcohol Prep 83
Alcohol Prep Pads 83
Alcohol Swabs 83
Alcohol Swabstick 83
ALECENSA 15
Alendronate Sodium 74
Alfuzosin HCl ER 30
Aliskiren Fumarate 32
Allopurinol 74
Alosetron HCl 61
ALPRAZolam 49
ALPRAZolam ER 49
ALPRAZOLAM INTENSOL 49
ALPRAZolam XR 49
ALTAVERA 66
ALUNBRIG 15
ALVAIZ 31
Alyacen 1/35 66
Alyacen 7/7/7 66
ALYFTREK 87
ALYQ 36
Amantadine HCl 43
AMBISOME 5
Ambrisentan 36
Amikacin Sulfate 3
aMILoride HCl 55
aMILoride-hydroCHLOROthiazide 55
AMINOSYN II 54
AMINOSYN-PF 54
Amiodarone HCl 32
Amitriptyline HCl 40
Amlodipine Besy-Benazepril HCl 34
amLODIPine Besylate 34
amLODIPine-Olmesartan 34
Ammonium Lactate 94
AMNESTEEM 94
Amoxapine 40
Amoxicill-Clarithro-Lansopraz .. 60
Amoxicillin 12
Amoxicillin-Pot Clavulanate 12
Amoxicillin-Pot Clavulanate ER . 12
Amphetamine-Dextroamphet ER 36
Amphetamine-Dextroamphetamine 36
Amphotericin B 5
Amphotericin B Liposome 5
Ampicillin 12
Ampicillin Sodium 13
Ampicillin-Sulbactam Sodium 13
Anagrelide HCl 74
Anastrozole 15
ANDRODERM 63
Antibiotic Ear 57
Apraclonidine HCl 59
Aprepitant 59
APRETUDE 6
APRI 66
APTIOM 37
APTIVUS 6
AQNEURSA 74
ARANESP (ALBUMIN FREE) . 31
ARCALYST 74
AREXVY 90
ARIKAYCE 3
ARIPiprazole 44
ARISTADA 44, 45
ARISTADA INITIO 44
Armodafinil 36
ARNUITY ELLIPTA 86
Asenapine Maleate 45
Aspirin-Dipyridamole ER 36
ASSURE ID INSULIN SAFETY SYR 83
Atazanavir Sulfate 6
Atenolol 33
Atenolol-Chlorthalidone 33
Atomoxetine HCl 49
Atorvastatin Calcium 32
Atovaquone 5
Atovaquone-Proguanil HCl 5
ATROVENT HFA 28
AUBRA 66
AUBRA EQ 66
AUGTYRO 15
AUM Alcohol Prep Pads 83
Auranofin 74
AUROVELA 1.5/30 66
AUROVELA 1/20 67
AUROVELA 24 FE 67
AUROVELA FE 1.5/30 67
AUROVELA FE 1/20 67
AUSTEDO 49, 50
AUSTEDO XR 50
AUSTEDO XR PATIENT TITRATION 50
AUVELITY 40
AVIANE 67
Avidoxy 14
AVITA 94
AVONEX PEN 74
AVONEX PREFILLED 74
AYUNA 67
AYVAKIT 15

azaTHIOprine 74
Azelastine HCl 56
Azithromycin 11
Aztreonam 12
AZURETTE 67
BAC 48
BAC (BUTALBITAL-ACETAMIN-CAFF) 48
Bacitracin 57
Bacitracin-Polymyxin B 57
Bacitra-Neomycin-Polymyxin-HC 57
Baclofen 74
BAFIERTAM 74
Balsalazide Disodium 60
BALVERSA 15
BALZIVA 67
BAND-AID GAUZE SMALL 83
BAQSIMI ONE PACK 66
BAQSIMI TWO PACK 66
BARACLUDE 9
BASAGLAR KWIKPEN 63
BASAGLAR TEMPO PEN 63
BCG Vaccine 90
BD AUTOSHIELD DUO 83
BD INS SYR ULTRAFINE 1/2UNIT 83
BD INSULIN SYR ULTRAFINE II 83
BD INSULIN SYRINGE 83
BD INSULIN SYRINGE HALF-UNIT 83
BD INSULIN SYRINGE MICROFINE 83
BD INSULIN SYRINGE U/F 83
BD INSULIN SYRINGE U-500 83
BD INSULIN SYRINGE ULTRAFINE 83
BD PEN NEEDLE MICRO U/F 83
BD PEN NEEDLE MICRO ULTRAFINE 83
BD PEN NEEDLE MINI U/F 83
BD PEN NEEDLE MINI ULTRAFINE 83
BD PEN NEEDLE NANO 2ND GEN 83
BD PEN NEEDLE NANO U/F 83
BD PEN NEEDLE NANO ULTRAFINE 83
BD PEN NEEDLE ORIG ULTRAFINE 83
BD PEN NEEDLE ORIGINAL U/F 83
BD PEN NEEDLE SHORT U/F 83
BD PEN NEEDLE SHORT ULTRAFINE 84
BD SAFETYGLIDE INSULIN SYRINGE 84
BD SWAB SINGLE USE REGULAR 84
BD VEO INSULIN SYR U/F 1/2UNIT 84
BD VEO INSULIN SYR ULTRAFINE 84
BD VEO INSULIN SYRINGE U/F 84
Benazepril HCl 35
Benazepril-hydroCHLOROthiazide 35
BENLYSTA 74
Benzoyl Peroxide-Erythromycin 91
Benztropine Mesylate 43
BESREMI 15
Betaine 74
Betamethasone Dipropionate 92
Betamethasone Dipropionate Aug 92
Betamethasone Valerate 92
BETASERON 74
Betaxolol HCl 33, 56
Bethanechol Chloride 29
BETOPTIC-S 56
BEVESPI AEROSPHERE 87
Bexarotene 15, 94
BEXSERO 90
Bicalutamide 15
BICILLIN L-A 13
BIKTARVY 6
Bisoprolol Fumarate 33
Bisoprolol-hydroCHLOROthiazide 33
BLISOVI 24 FE 67
BLISOVI FE 1.5/30 67
BLISOVI FE 1/20 67
BOOSTRIX 89
Bosentan 87
BOSULIF 15
BOTOX 74
BRAFTOVI 15
BREO ELLIPTA 86
BREYNA 86
BREZTRI AEROSPHERE 87
Briellyn 67
BRILINTA 32
Brimonidine Tartrate 56
Brimonidine Tartrate-Timolol 56
Brinzolamide 56
BRIVIACT 37
Bromocriptine Mesylate 43
BRONCHITOL 87
BRUKINSA 15
Budesonide 62, 86
Budesonide ER 62
Budesonide-Formoterol Fumarate 86
Bumetanide 55
Buprenorphine 53
Buprenorphine HCl 53
Buprenorphine HCl-Naloxone HCl 53
buPROPion HCl 41
buPROPion HCl ER (Smoking Det) 40
buPROPion HCl ER (SR) 40
buPROPion HCl ER (XL) 41
busPIRone HCl 48
Butalbital-Acetaminophen 48
Butalbital-APAP-Caffeine 48
Butorphanol Tartrate 51
BYDUREON BCISE 63
BYLVAY 74, 75
BYLVAY (PELLETS) 74
CABENUVA 6
Cabergoline 75
CABOMETYX 15
Calcipotriene 94
Calcitonin (Salmon) 72
CALCITRENE 94
Calcitriol 82
CALQUENCE 15
CAMILA 67
Candesartan Cilexetil 35
Candesartan Cilexetil-HCTZ 35
CAPLYTA 45
CAPRELSA 16
Captopril 35
CARAFATE 60
carBAMazepine 37
carBAMazepine ER 37
Carbidopa-Levodopa 43
Carbidopa-Levodopa ER 43
Carbidopa-Levodopa-Entacapone 43
CARETOUCH ALCOHOL PREP 84

Carglumic Acid 54
Carteolol HCl 59
CARTIA XT 34
Carvedilol 33
Caspofungin Acetate 5
CATAFLAM 51
CAYSTON 12
CAZIANT 67
Cefaclor 10
Cefaclor ER 10
Cefadroxil 10
CeFAZolin Sodium 10
CeFAZolin Sodium-Dextrose 10
Cefdinir 10
Cefepime HCl 10, 11
Cefepime-Dextrose 11
Cefixime 11
cefOXitin Sodium 12
CefOXitin Sodium-Dextrose 12
Cefpodoxime Proxetil 11
Cefprozil 11
CefTAZidime 11
cefTAZidime 11
cefTAZidime and Dextrose 11
cefTRIAXone Sodium 11
CefTRIAXone Sodium in Dextrose 11
CefTRIAXone Sodium-Dextrose . 11
Cefuroxime Axetil 11
Cefuroxime Sodium 11
Celecoxib 51
Cephalexin 11
Cetirizine HCl 3
Cevimeline HCl 29
CHATEAL 67
CHATEAL EQ 67
CHEMET 62
CHENODAL 61
Chlorhexidine Gluconate 57
Chloroquine Phosphate 5
chlorproMAZINE HCl 45
Chlorthalidone 55
Chlorzoxazone 30
Cholestyramine 32
Cholestyramine Light 32
Chorionic Gonadotropin 72
CICLODAN 92
Ciclopirox 92
Ciclopirox Olamine 92
Cilostazol 32
CILOXAN 57
CIMDUO 6
Cimetidine 60
Cimetidine HCl 60
Cinacalcet HCl 75
Ciprofloxacin HCl 13, 57
Ciprofloxacin in D5W 13
Ciprofloxacin-Dexamethasone ... 57
Citalopram Hydrobromide 41
CLARAVIS 94
Clarithromycin 11
Clarithromycin ER 11
CLEOCIN PHOSPHATE 4
CLINDACIN ETZ 91
Clindamycin HCl 4
Clindamycin Palmitate HCl 4
Clindamycin Phos (Once-Daily) . 91
Clindamycin Phos (Twice-Daily) 91
Clindamycin Phosphate 4, 91
CLINOLIPID 54
cloBAZam 37
Clobetasol Propionate 92, 93
Clobetasol Propionate E 92
CLODAN 93
clomiPRAMINE HCl 41
clonazePAM 37
cloNIDine 35
cloNIDine HCl 35
Clopidogrel Bisulfate 32
Clorazepate Dipotassium 37
Clotrimazole 92
Clotrimazole-Betamethasone 92
cloZAPine 45
COARTEM 5
COBENFY 45
COBENFY STARTER PACK ... 45
Codeine Sulfate 52
Colchicine 75
Colchicine-Probenecid 75
Colestipol HCl 32
Colistimethate Sodium (CBA) 4
COMBIGAN 56
COMBIVENT RESPIMAT 29
COMETRIQ (100 MG DAILY DOSE) 16
COMETRIQ (140 MG DAILY DOSE) 16
COMETRIQ (60 MG DAILY DOSE) 16
COMPLERA 6
COMPRO 59
Constulose 54
COPAXONE 75
COPIKTRA 16
CORLANOR 34
CORTROPHIN 75
CORTROPHIN GEL 75
COSENTYX 75
COSENTYX (300 MG DOSE) ... 75
COSENTYX SENSOREADY (300 MG) 75
COSENTYX SENSOREADY PEN 75
COSENTYX UNOREADY 75
COTELLIC 16
CREON 61
Cromolyn Sodium 56, 87
CROTAN 94
CRYSELLE-28 67
CRYSVITA 75
CURITY ALCOHOL PREPS 84
CURITY ALL PURPOSE SPONGES 84
CURITY AMD ANTIMICROBIAL SPNGE 84
CURITY GAUZE 84
CURITY GAUZE SPONGE 84
CURITY SPONGES 84
CVS Alcohol Prep Pads 84
CVS Antibacterial Gauze 84
CVS Gauze 84
CVS Gauze Sterile 84
CVS Isopropyl Alcohol Wipes 84
CVS Prep 84
CYCLAFEM 1/35 67
CYCLAFEM 7/7/7 67
Cyclobenzaprine HCl 30
Cyclophosphamide 16
CycloSPORINE 75
cycloSPORINE Modified 75
Cyproheptadine HCl 3
CYRED 67
CYRED EQ 67
CYSTAGON 75
CYSTARAN 59
Dabigatran Etexilate Mesylate ... 30
Dalfampridine ER 75
Danazol 63
Dantrolene Sodium 30
DANZITEN 16
Dapsone 4
DAPTACEL 89
DAPTOmycin 4
Darunavir 6
DARZALEX FASPRO 16

Dasatinib 16
DASETTA 1/35 (28) 67
DASETTA 7/7/7 67
DAURISMO 16
DAYBUE 75
DAYVIGO 48
DEBLITANE 67
Deferasirox 62
Deferiprone 62
DELSTRIGO 6
DELYLA 67
Demeclocycline HCl 14
DEPO-SUBQ PROVERA 104 ... 72
DEPO-TESTOSTERONE 63
DERMACEA GAUZE SPONGE 84
DERMACEA IV DRAIN SPONGES 84
DERMACEA IV SPONGES 84
DERMACEA NON-WOVEN SPONGES 84
DERMACEA TYPE VII GAUZE 84
DESCOVY 6
Desipramine HCl 41
Desmopressin Ace Spray Refrig . 72
Desmopressin Acetate 72
Desmopressin Acetate Spray 72
Desogestrel-Ethinyl Estradiol 67
Desonide 93
Desoximetasone 93
Desvenlafaxine Succinate ER 41
Dexamethasone 62
dexAMETHasone 62
Dexamethasone Sodium Phosphate 58
Dexlansoprazole 60
Dexmethylphenidate HCl 53
Dexmethylphenidate HCl ER 53, 54
Dextroamphetamine Sulfate 37
Dextroamphetamine Sulfate ER 36, 37
Dextrose 54
Dextrose-Sodium Chloride 54
DIACOMIT 37
diazePAM 38
DIAZEPAM INTENSOL 37
Diazoxide 35
Diclofenac Potassium 51
Diclofenac Sodium 51, 58
Diclofenac Sodium ER 51
Dicloxacillin Sodium 13
Dicyclomine HCl 28
DIFICID 12
Diflunisal 51
Difluprednate 58
DIGITEK 34
DIGOX 34
Digoxin 34
Dihydroergotamine Mesylate 42
DILANTIN 38
dilTIAZem HCl 34
dilTIAZem HCl ER 34
dilTIAZem HCl ER Beads 34
dilTIAZem HCl ER Coated Beads 34
Dilt-XR 34
Dimethyl Fumarate 76
Dimethyl Fumarate Starter Pack 76
Diphenoxylate-Atropine 59
Disulfiram 76
DIURIL 55
Divalproex Sodium 38
Divalproex Sodium ER 38
Dofetilide 32
Donepezil HCl 29
DOPTELET 31
Dorzolamide HCl 56
Dorzolamide HCl-Timolol Mal ... 57
DOVATO 6
Doxazosin Mesylate 32
Doxepin HCl 41, 48
DOXY 100 14
Doxycycline Hyclate 14
Doxycycline Monohydrate 14
DRIZALMA SPRINKLE 41
Dronabinol 59
DROPSAFE ALCOHOL PREP . 84
DROXIA 16
Droxidopa 34
DUAVEE 71
DULERA 86
DULoxetine HCl 41
DUPIXENT 76
Dutasteride 73
DYSPORT 76
EASY TOUCH ALCOHOL PREP MEDIUM 84
EC-Naproxen 51
Econazole Nitrate 92
EDURANT 6
Efavirenz 6
Efavirenz-Emtricitab-Tenofo DF 6
Efavirenz-lamiVUDine-Tenofovir 6
ELIGARD 16
ELINEST 67
ELIQUIS 30
ELIQUIS DVT/PE STARTER PACK 30
ELIXOPHYLLIN 87
ELMIRON 76
ELURYNG 67
EMCYT 16
EMEND 59
EMGALITY 42
EMGALITY (300 MG DOSE) ... 43
EMOQUETTE 67
EMSAM 43
Emtricitabine 6
Emtricitabine-Tenofovir DF 7
EMTRIVA 7
EMZAHH 67
Enalapril Maleate 35
Enalapril-Hydrochlorothiazide .. 35
ENBREL 76
ENBREL MINI 76
ENBREL SURECLICK 76
ENDOCET 52
ENGERIX-B 90
ENILLORING 67
Enoxaparin Sodium 30
ENPRESSE-28 67
ENSKYCE 67
ENSPRYNG 76
Entacapone 43
Entecavir 9
ENTRESTO 34
Enulose 54
ENVARSUS XR 76
EOHILIA 62
EPCLUSA 7, 9
EPIDIOLEX 38
Epinastine HCl 56
EPINEPHrine 87
EPITOL 38
EPIVIR HBV 9
EPKINLY 16, 17
Eplerenone 35
EPRONTIA 38
EQL Alcohol Swabs 84
EQL Gauze 84
ERIVEDGE 17

ERLEADA....17
Erlotinib HCl.... 17
ERRIN.... 67
Ertapenem Sodium....4
Ery....91
ERY-TAB.... 12
ERYTHROCIN STEARATE..... 12
Erythromycin..... 12, 57, 91
Erythromycin Base....12
Erythromycin Ethylsuccinate.....12
Erythromycin Stearate.... 12
Escitalopram Oxalate.... 41
Esomeprazole Magnesium..... 60
ESTARYLLA.... 67
Estradiol.... 71
ESTRING.... 71
Ethambutol HCl.... 8
Ethosuximide....38
Ethynodiol Diac-Eth Estradiol... 67
Etodolac.... 51
Etodolac ER.... 51
Etonogestrel-Ethinyl Estradiol... 67
Etravirine....7
EULEXIN.... 17
EUTHYROX.... 73
Everolimus..... 17, 76
EVOTAZ.... 7
EVRYSDI.... 50
EXCILON IV SPONGES.....84
Exemestane.... 17
EXKIVITY.... 17
Ezetimibe....32
FABHALTA.... 76
FALMINA.... 68
Famciclovir....9
Famotidine.... 60
FANAPT....45
FANAPT TITRATION PACK...45
FARXIGA....63
FASENRA.... 88
FASENRA PEN....88
Febuxostat....76
FEIRZA 1.5/30.... 68
FEIRZA 1/20.... 68
Felbamate.... 38
Felodipine ER.... 34
FEMYNOR....68
Fenofibrate.... 32
Fenofibrate Micronized..... 32
Fenofibric Acid.... 32
fentaNYL.... 52
fentaNYL Citrate.... 52
Fesoterodine Fumarate ER.....95
FETZIMA.... 41
FETZIMA TITRATION.....41
FIASP.... 63
FIASP FLEXTOUCH.....63
FIASP PENFILL.... 63
FIASP PUMPCART.....63
FIFTY50 ALCOHOL PREP.....84
FILSPARI.... 35
FILSUVEZ.... 77
Finasteride....73
Fingolimod HCl.... 77
FINTEPLA.... 38
FIRMAGON.... 17
FIRMAGON (240 MG DOSE)...17
FlavoxATE HCl.... 95
Flecainide Acetate.... 32
Fluconazole....5
Fluconazole in Sodium Chloride.. 5
Flucytosine....5
Fludrocortisone Acetate..... 62
Flunisolide.... 58
Fluocinolone Acetonide..... 93
Fluocinolone Acetonide Body.....93
Fluocinolone Acetonide Scalp.... 93
Fluocinonide.... 93
Fluorometholone.....58
Fluorouracil....94
FLUoxetine HCl.....41
fluPHENAZine Decanoate.....45
FluPHENAZine HCl.... 45
fluPHENAZine HCl.... 45
Flurbiprofen....51
Flurbiprofen Sodium.....58
Fluticasone Propionate..... 58, 93
Fluticasone Propionate Diskus
.....86, 87
Fluticasone Propionate HFA.....87
Fluticasone-Salmeterol.....87
fluvoxaMINE Maleate.....41
FML FORTE.... 58
Fondaparinux Sodium..... 30
FORTEO....72
Fosamprenavir Calcium..... 7
Fosinopril Sodium.... 35
Fosinopril Sodium-HCTZ..... 35
FOTIVDA....17
FRAGMIN....30
FRUZAQLA.... 17
Furosemide.... 55
FUZEON....7
FYCOMPA.... 38
Gabapentin.... 38
Galantamine Hydrobromide.....29
Galantamine Hydrobromide ER.29
GALLIFREY.... 72
GAMMAGARD.... 77
GAMMAGARD S/D LESS
IGA.... 77
GAMUNEX-C....77
GARDASIL 9.... 90
GATTEX.... 61
Gauze Pads.... 84
Gauze Type VII Medi-Pak.....84
GAVILYTE-C.... 61
GAVILYTE-G....61
GAVILYTE-N WITH
FLAVOR PACK.....61
GAVRETO.... 17
Gefitinib.... 18
Gemfibrozil.... 32
GEMTESA.... 77
Generlac....54
GENGRAF.... 77
GENOTROPIN....72
GENOTROPIN MINIQUICK.... 72
Gentamicin in Saline....3
Gentamicin Sulfate.....3, 57, 92
GENVOYA....7
GILOTRIF.... 18
GLEOSTINE.... 18
Glimepiride.... 63
glipiZIDE.... 63
glipiZIDE ER.... 63
glipiZIDE XL.... 63
glipiZIDE-metFORMIN HCl..... 64
Global Alcohol Prep Ease..... 84
GLUCAGEN HYPOKIT.....66
Glucagon Emergency.....66
Glycopyrrolate.....28
GLYXAMBI....64
GNP Alcohol Swabs.....84
GNP Sterile Gauze.....85
GOCOVRI..... 43, 44
GOLYTELY.... 61
GOMEKLI....18
GoodSense Alcohol Swabs.....85
Granisetron HCl.... 59
Griseofulvin Microsize.....5
Griseofulvin Ultramicrosize..... 5
guanFACINE HCl.....35
guanFACINE HCl ER.....50
GVOKE HYPOPEN 1-PACK....66
GVOKE HYPOPEN 2-PACK....66

GVOKE KIT....66
GVOKE PFS....66
HAEGARDA....73
HAILEY 1.5/30.... 68
HAILEY 24 FE....68
HAILEY FE 1.5/30....68
HAILEY FE 1/20....68
Halobetasol Propionate....93
HALOETTE....68
Haloperidol....45
Haloperidol Decanoate....45
Haloperidol Lactate....45
HARVONI....9
HAVRIX....90
HEATHER....68
H-E-B inControl Alcohol....85
Heparin Sodium (Porcine)....31
Heparin Sodium (Porcine) PF....31
HEPLISAV-B.... 90
HETLIOZ LQ.... 48
HIBERIX.... 90
HM Sterile Alcohol Prep....85
HM Sterile Pads....85
HUMIRA (1 PEN)....77
HUMIRA (2 PEN)....77
HUMIRA (2 SYRINGE).... 77
HUMIRA-CD/UC/HS STARTER....77
HUMIRA-PED<40KG CROHNS STARTER.... 78
HUMIRA-PED>/=40KG CROHNS START.... 78
HUMIRA-PED>/=40KG UC STARTER....78
HUMIRA-PS/UV/ADOL HS STARTER....78
HUMIRA-PSORIASIS/UVEIT STARTER....78
HUMULIN R U-500 (CONCENTRATED)....64
HUMULIN R U-500 KWIKPEN....64
hydrALAZINE HCl....35
hydroCHLOROthiazide.... 55
HYDROcodone-Acetaminophen. 52
Hydrocodone-Ibuprofen....52
Hydrocortisone.... 62, 93
Hydrocortisone (Perianal)....93
Hydrocortisone Butyrate....93
Hydrocortisone Valerate....93
Hydrocortisone-Acetic Acid....57
HYDROmorphone HCl.... 52
HYDROmorphone HCl PF.... 52
Hydroxychloroquine Sulfate.... 5
Hydroxyurea.... 18
hydrOXYzine HCl.... 48, 49
hydrOXYzine Pamoate....49
Ibandronate Sodium....78
IBRANCE....18
IBU.... 51
Ibuprofen....51
Icatibant Acetate....73
ICLEVIA.... 68
ICLUSIG....18
Icosapent Ethyl.... 32, 33
IDACIO (2 PEN).... 78
IDACIO (2 SYRINGE).... 78
IDACIO-CROHNS/UC STARTER....78
IDACIO-PSORIASIS STARTER....78
IDHIFA....18
Imatinib Mesylate.... 18
IMBRUVICA.... 18
Imipenem-Cilastatin.... 12
Imipramine HCl....41
Imiquimod....95
Imkeldi.... 18
IMOVAX RABIES....90
IMVEXXY MAINTENANCE PACK....71
IMVEXXY STARTER PACK... 71
INCASSIA....68
INCRELEX....72
INCRUSE ELLIPTA....88
Indapamide.... 55
INFANRIX.... 89
INFLECTRA.... 78
INGREZZA.... 50
INLYTA....18
INQOVI.... 18
INREBIC.... 19
Insulin Asp Prot & Asp FlexPen.64
Insulin Aspart....64
Insulin Aspart FlexPen.... 64
Insulin Aspart PenFill....64
Insulin Aspart Prot & Aspart.....64
INTELENCE.... 7
INTRALIPID....54
INTRAROSA.... 71
INTROVALE....68
INVEGA HAFYERA.... 45
INVEGA SUSTENNA.... 45, 46
INVEGA TRINZA.... 46
IPOL.... 90
Ipratropium Bromide.... 28, 59
Ipratropium-Albuterol.... 29
Irbesartan.... 35
Irbesartan-Hydrochlorothiazide.35
ISENTRESS.... 7
ISENTRESS HD....7
ISIBLOOM....68
Isoniazid....8
Isopropyl Alcohol....85
Isopropyl Alcohol Wipes....85
Isosorbide Dinitrate....36
Isosorbide Mononitrate.... 36
Isosorbide Mononitrate ER....36
ISOtretinoin.... 95
ITOVEBI.... 19
Itraconazole.... 5
Ivabradine HCl.... 34
Ivermectin.... 4
IWILFIN.... 19
IXCHIQ.... 90
IXIARO.... 90
J & J GAUZE....85
JAKAFI....19
JANTOVEN....31
JANUMET....64
JANUMET XR.... 64
JANUVIA.... 64
JARDIANCE.... 64
JAVYGTOR.... 78
JAYPIRCA.... 19
JENCYCLA....68
JENTADUETO....64
JENTADUETO XR.... 64
JOENJA.... 78
JOLESSA....68
JOURNAVX....50
JULEBER.... 68
JULUCA....7
JUNEL 1.5/30.... 68
JUNEL 1/20.... 68
JUNEL FE 1.5/30.... 68
JUNEL FE 1/20.... 68
JUNEL FE 24.... 68
JYLAMVO.... 19
JYNARQUE.... 78
JYNNEOS....90
KAITLIB FE....68
KALLIGA....68
KALYDECO.... 88
KARIVA....68
KCl in Dextrose-NaCl....55

KELNOR 1/35 68
KELNOR 1/50 68
KENDALL HYDROPHILIC FOAM DRESS 85
KENDALL HYDROPHILIC FOAM PLUS 85
KERENDIA 35
KESIMPTA 78
Ketoconazole 5, 92
Ketorolac Tromethamine 58
KINRIX 90
KIONEX 55
KISQALI (200 MG DOSE) 19
KISQALI (400 MG DOSE) 19
KISQALI (600 MG DOSE) 19
KISQALI FEMARA (200 MG DOSE) 19
KISQALI FEMARA (400 MG DOSE) 19
KISQALI FEMARA (600 MG DOSE) 19
KITABIS PAK (W/ NEBULIZER) 3
KLAYESTA 92
KLOR-CON 56
KLOR-CON 10 55
KLOR-CON M10 55
KLOR-CON M15 55
KLOR-CON M20 55
KLOXXADO 53
KOSELUGO 19
KOURZEQ 93
KRAZATI 19
KURVELO 68
KYNMOBI 44
Labetalol HCl 33
Lacosamide 38, 39
Lactulose 54
Lactulose Encephalopathy 54
LAGEVRIO 9
lamiVUDine 7
LamiVUDine 7
lamiVUDine-Zidovudine 7
lamoTRIgine 39
LamoTRIgine 39
lamoTRIgine ER 39
Lanreotide Acetate 73
Lansoprazole 60
LANTUS 64
LANTUS SOLOSTAR 64
Lapatinib Ditosylate 19
LARIN 1.5/30 68
LARIN 1/20 68
LARIN 24 FE 68
LARIN FE 1.5/30 68
LARIN FE 1/20 68
LARISSIA 68
Latanoprost 57
LAYOLIS FE 68
LAZCLUZE 20
Leflunomide 78
Lenalidomide 20
LENVIMA (10 MG DAILY DOSE) 20
LENVIMA (12 MG DAILY DOSE) 20
LENVIMA (14 MG DAILY DOSE) 20
LENVIMA (18 MG DAILY DOSE) 20
LENVIMA (20 MG DAILY DOSE) 20
LENVIMA (24 MG DAILY DOSE) 20
LENVIMA (4 MG DAILY DOSE) 20
LENVIMA (8 MG DAILY DOSE) 20
LESSINA 68
Letrozole 20
Leucovorin Calcium 78
LEUKERAN 20
Leuprolide Acetate 20
Leuprolide Acetate (3 Month) 20
levETIRAcetam 39
levETIRAcetam ER 39
Levobunolol HCl 57
levOCARNitine 78
Levocetirizine Dihydrochloride 3
levoFLOXacin 13
levoFLOXacin in D5W 13
LEVONEST 68
Levonorgest-Eth Estrad 91-Day 69
Levonorgestrel-Ethinyl Estrad 69
Levonorg-Eth Estrad Triphasic 69
LEVORA 0.15/30 (28) 69
LEVO-T 73
Levothyroxine Sodium 73
LEVOXYL 73
L-Glutamine 79
LIBERVANT 39
Lidocaine 95
Lidocaine HCl 59
Lidocaine Viscous HCl 59
Lidocaine-Prilocaine 95
LIDOCAN 95
LILLOW 69
Lindane 94
Linezolid 4
Linezolid in Sodium Chloride 4
LINZESS 61
Liothyronine Sodium 73
Lisinopril 35
Lisinopril-hydroCHLOROthiazide 35
Lithium 50
Lithium Carbonate 50
Lithium Carbonate ER 50
LIVMARLI 79
LIVTENCITY 9
LOESTRIN 1.5/30 (21) 69
LOESTRIN 1/20 (21) 69
LOESTRIN FE 1.5/30 69
LOESTRIN FE 1/20 69
LOKELMA 55
LONSURF 20
Loperamide HCl 59
Lopinavir-Ritonavir 7
LORazepam 49
LORAZEPAM INTENSOL 49
LORBRENA 20, 21
Losartan Potassium 35
Losartan Potassium-HCTZ 35
Lovastatin 33
LOW-OGESTREL 69
Loxapine Succinate 46
LUCEMYRA 53
LUMAKRAS 21
LUMIGAN 57
LUPRON DEPOT (1-MONTH) 21
LUPRON DEPOT (3-MONTH) 21
LUPRON DEPOT (4-MONTH) 21
LUPRON DEPOT (6-MONTH) 21
LUPRON DEPOT-PED (1-MONTH) 21
LUPRON DEPOT-PED (3-MONTH) 21
LUPRON DEPOT-PED (6-MONTH) 21
Lurasidone HCl 46
LUTERA 69
LYBALVI 46
LYLEQ 69
LYNPARZA 21
LYSODREN 21

LYTGOBI (12 MG DAILY DOSE) 21
LYTGOBI (16 MG DAILY DOSE) 21
LYTGOBI (20 MG DAILY DOSE) 21
LYZA 69
Magnesium Sulfate 39
Malathion 94
Maraviroc 7
Marlissa 69
MARPLAN 41
MATULANE 21
MAVYRET 9
MAXIDEX 58
MAYZENT 79
MAYZENT STARTER PACK 79
Meclizine HCl 59
medroxyPROGESTERone Acetate 72
Mefloquine HCl 5
Megestrol Acetate 22
Meijer Alcohol Swabs 85
MEKINIST 22
MEKTOVI 22
Meloxicam 51
Memantine HCl 50
MENACTRA 90
MENQUADFI 90
MENVEO 90
Mercaptopurine 22
Meropenem 12
Meropenem-Sodium Chloride 12
Mesalamine 60
Mesalamine ER 60
Mesalamine-Cleanser 60
Mesna 79
metFORMIN HCl 64
metFORMIN HCl ER 64
Methadone HCl 52
methazolAMIDE 57
Methenamine Hippurate 14
methIMAzole 73
Methocarbamol 30
Methotrexate Sodium 22
Methotrexate Sodium (PF) 22
Methoxsalen Rapid 95
Methscopolamine Bromide 29
Methsuximide 39
Methylphenidate HCl 54
Methylphenidate HCl ER 54
Methylphenidate HCl ER (OSM) 54
methylPREDNISolone 62
Metoclopramide HCl 61
metOLazone 55
Metoprolol Succinate ER 33
Metoprolol Tartrate 33
Metoprolol-hydroCHLOROthiazide 33
metroNIDAZOLE 6, 92, 94
metyroSINE 79
Mexiletine HCl 32
Micafungin Sodium-NaCl 5
Miconazole 3 92
MICROGESTIN 1.5/30 69
MICROGESTIN 1/20 69
MICROGESTIN 24 FE 69
MICROGESTIN FE 1.5/30 69
MICROGESTIN FE 1/20 69
Midodrine HCl 34
MIEBO 58
miFEPRIStone 66
Miglitol 64
Miglustat 79
MILI 69
MILLIPRED 62
Minocycline HCl 14
Minoxidil 35
MIPLYFFA 79
MIRASORB SPONGES 85
MIRENA (52 MG) 69
Mirtazapine 41
miSOPROStol 60
M-M-R II 90
Modafinil 37
Molindone HCl 46
Mometasone Furoate 58, 93
MONDOXYNE NL 14
MONO-LINYAH 69
Montelukast Sodium 87
Morphine Sulfate 52
Morphine Sulfate (Concentrate) 52
Morphine Sulfate (PF) 52
Morphine Sulfate ER 52
MOTPOLY XR 39
MOUNJARO 65
MOVANTIK 61
Moxifloxacin HCl 13, 57
Moxifloxacin HCl in NaCl 13
MRESVIA 90
MULTAQ 32
Mupirocin 92
Mycophenolate Mofetil 79
Mycophenolate Sodium 79
MYHIBBIN 79
MYORISAN 95
MYRBETRIQ 95
Nabumetone 51
Nadolol 33
Naloxone HCl 53
Naltrexone HCl 53
NAMZARIC 29
Naproxen 51
Naproxen DR 51
Naproxen Sodium 51
NATACYN 57
Nateglinide 72
NAYZILAM 39
NECON 0.5/35 (28) 69
NECON 1/35 (28) 69
Nefazodone HCl 41
Neomycin Sulfate 3
Neomycin-Bacitracin Zn-Polymyx 57
Neomycin-Polymyxin-Dexameth 57
Neomycin-Polymyxin-Gramicidin 57
Neomycin-Polymyxin-HC 58
NEO-POLYCIN 58
NEO-POLYCIN HC 58
NERLYNX 22
Nevirapine 7
Nevirapine ER 7
NEXPLANON 69
Niacin ER (Antihyperlipidemic) 33
NIACOR 33
NICOTROL 29
NICOTROL NS 29
NIFEdipine ER 34
NIFEdipine ER Osmotic Release 34
Nilutamide 22
niMODipine 34
NINLARO 22
Nitazoxanide 6
Nitisinone 79
NITRO-BID 36
Nitrofurantoin 14
Nitrofurantoin Macrocrystal 14
Nitrofurantoin Monohyd Macro 14
Nitroglycerin 36, 95
NITROMIST 36
NORA-BE 69
Norelgestromin-Eth Estradiol 69

Norethin Ace-Eth Estrad-FE 69
Norethindrone 69
Norethindrone Acetate 73
Norethindrone Acet-Ethinyl Est .. 69
Norethindron-Ethinyl Estrad-Fe 69
Norethin-Eth Estradiol-Fe 69
Norgestimate-Eth Estradiol 70
Norgestim-Eth Estrad Triphasic . 70
NORLYDA 70
NORLYROC 70
NORTREL 0.5/35 (28) 70
NORTREL 1/35 (21) 70
NORTREL 1/35 (28) 70
NORTREL 7/7/7 70
Nortriptyline HCl 41
NORVIR 7
NOVOLIN 70/30 65
NOVOLIN 70/30 FLEXPEN 65
NOVOLIN N 65
NOVOLIN N FLEXPEN 65
NOVOLIN R 65
NOVOLIN R FLEXPEN 65
NOVOLOG 65
NOVOLOG FLEXPEN 65
NOVOLOG MIX 70/30 65
NOVOLOG MIX 70/30 FLEXPEN 65
NOVOLOG PENFILL 65
NOVOPEN ECHO 85
NUBEQA 22
NUEDEXTA 50
NUPLAZID 46
NURTEC 43
NUTRILIPID 54
NYAMYC 92
NYLIA 1/35 70
NYLIA 7/7/7 70
NYMYO 70
Nystatin 5, 92
Nystatin-Triamcinolone 92
NYSTOP 92
Octreotide Acetate 73
ODEFSEY 7
ODOMZO 22
OFEV 88
Ofloxacin 13, 58
OGSIVEO 22
OJEMDA 22
OJJAARA 23
OLANZapine 46
OLANZapine-FLUoxetine HCl ... 41
Olmesartan Medoxomil-HCTZ ... 35
Olopatadine HCl 56
Omega-3-acid Ethyl Esters 33
Omeprazole 60
OMNIPOD 5 DEXG7G6 INTRO GEN 5 85
OMNIPOD 5 DEXG7G6 PODS GEN 5 85
OMNIPOD 5 G7 INTRO (GEN 5) 85
OMNIPOD 5 G7 PODS (GEN 5) 85
OMNIPOD 5 LIBRE2 PLUS G6 85
OMNIPOD 5 LIBRE2 PLUS G6 PODS 85
OMNIPOD CLASSIC PDM (GEN 3) 85
OMNIPOD CLASSIC PODS (GEN 3) 85
OMNIPOD DASH INTRO (GEN 4) 85
OMNIPOD DASH PDM (GEN 4) 85
OMNIPOD DASH PODS (GEN 4) 85
OMNIPOD GO 85
OMNIPOD POD PALS 85
Ondansetron 60
Ondansetron HCl 59
ONUREG 23
OPIPZA 46, 47
OPSUMIT 88
OPVEE 53
ORALONE 93
ORFADIN 79
ORGOVYX 23
ORKAMBI 88
Orphenadrine Citrate ER 30
ORSERDU 23
ORSYTHIA 70
Oseltamivir Phosphate 9
OTEZLA 79
Oxacillin Sodium 13
Oxacillin Sodium in Dextrose 13
OXcarbazepine 39
oxyBUTYnin Chloride 95
Oxybutynin Chloride 95
Oxybutynin Chloride ER 95
OxyCODONE HCl 52
oxyCODONE HCl 52
Oxycodone-Acetaminophen 52
Oxymorphone HCl 52
OxyMORphone HCl ER 52
OZEMPIC (0.25 OR 0.5 MG/DOSE) 65
OZEMPIC (1 MG/DOSE) 65
OZEMPIC (2 MG/DOSE) 65
PACERONE 32
Paliperidone ER 47
Pamidronate Disodium 79
PANRETIN 23
Pantoprazole Sodium 60
Paricalcitol 82
PAROEX 58
PARoxetine HCl 42
PARoxetine HCl ER 42
PAXLOVID (150/100) 9
PAXLOVID (300/100) 9
PAZOPanib HCl 23
PEDIARIX 90
PEDVAX HIB 90
PEG 3350-KCl-Na Bicarb-NaCl 61
PEG-3350/Electrolytes 61
PEGASYS 10
PEMAZYRE 23
PENBRAYA 90
Penciclovir 94
penicillAMINE 62
Penicillin G Potassium 13
Penicillin V Potassium 13
PENTACEL 90
Pentamidine Isethionate 6
Pentazocine-Naloxone HCl 53
Pentoxifylline ER 34
PERIOGARD 58
Permethrin 94
Perphenazine 47
PERSERIS 47
PFIZERPEN 13
Phenelzine Sulfate 42
PHENobarbital 39
Phenytoin 39
Phenytoin Sodium Extended 39
PHESGO 23
PHILITH 70
PIFELTRO 7
Pilocarpine HCl 29, 57
Pimecrolimus 95
Pimozide 47
PIMTREA 70
Pindolol 33
Pioglitazone HCl 65
Pioglitazone HCl-Glimepiride 65

Pioglitazone HCl-metFORMIN HCl 65
Piperacillin Sod-Tazobactam So 13
PIQRAY (200 MG DAILY DOSE) 23
PIQRAY (250 MG DAILY DOSE) 23
PIQRAY (300 MG DAILY DOSE) 23
Pirfenidone 88
PIRMELLA 1/35 70
PIRMELLA 7/7/7 70
Piroxicam 51
PLEGRIDY 79
PLEGRIDY STARTER PACK .. 79
Podofilox 95
POLYCIN 58
Polymyxin B-Trimethoprim 58
POMALYST 23
PORTIA-28 70
Posaconazole 5
Potassium Chloride 56
Potassium Chloride Crys ER 56
Potassium Chloride ER 56
Potassium Citrate ER 56
PRALUENT 33
Pramipexole Dihydrochloride 44
Prasugrel HCl 32
Pravastatin Sodium 33
Praziquantel 4
Prazosin HCl 32
PRED MILD 58
prednisoLONE 62
prednisoLONE Acetate 58
PrednisoLONE Sodium Phosphate 58, 62
PredniSONE 62
predniSONE 62
PREDNISONE INTENSOL 62
Pregabalin 39
PREGNYL 72
PREHEVBRIO 90
PREMARIN 71
PREMASOL 54
PREMPHASE 71
PREMPRO 71
Prenatal 83
PREVALITE 33
PREVIFEM 70
PREVYMIS 10
PREZCOBIX 7
PREZISTA 7, 8
PRIFTIN 8
Primaquine Phosphate 6
Primidone 39
PRIORIX 91
Probenecid 79
Prochlorperazine 60
Prochlorperazine Maleate 60
PROCTOCARE-HC 93
PROCTO-MED HC 93
PROCTOSOL HC 93
PROCTOZONE-HC 93
Progesterone 73
PROGRAF 79
PROLASTIN-C 88
PROLIA 79
Promethazine HCl 3, 60
PROMETHEGAN 60
Propafenone HCl 32
Propafenone HCl ER 32
Proparacaine HCl 59
Propranolol HCl 33
Propranolol HCl ER 33
Propylthiouracil 73
PROQUAD 91
Protriptyline HCl 42
PULMICORT FLEXHALER 87
PULMOZYME 88
Pyrazinamide 8
pyRIDostigmine Bromide 30
Pyridostigmine Bromide 30
Pyridostigmine Bromide ER 30
Pyrimethamine 6
PYRUKYND 80
PYRUKYND TAPER PACK 80
QC Alcohol 85
QC Alcohol Swabs 85
QC Border Island Gauze 85
QC Sterile Pads 85
QINLOCK 23
QUADRACEL 91
QUEtiapine Fumarate 47
QUEtiapine Fumarate ER 47
Quinapril HCl 35
Quinapril-hydroCHLOROthiazide 35
quiNIDine Gluconate ER 32
quiNIDine Sulfate 32
QuiNINE Sulfate 6
QULIPTA 43
RA Alcohol Swabs 85
RA Isopropyl Alcohol Wipes 85
RA Sterile 85
RABAVERT 91
RABEprazole Sodium 60
RADICAVA ORS 50
RADICAVA ORS STARTER KIT 50
RALDESY 42
Raloxifene HCl 71
Ramipril 35
Ranolazine ER 34
Rasagiline Mesylate 44
RAVICTI 54
Reality Swabs 85
RECLIPSEN 70
RECOMBIVAX HB 91
REGRANEX 95
RELAFEN 51
RELENZA DISKHALER 10
RELION ALCOHOL SWABS ... 85
RELISTOR 61
RENFLEXIS 80
Repaglinide 72
RESTASIS 59
RESTASIS MULTIDOSE 59
RETACRIT 31
RETEVMO 23, 24
REVUFORJ 24
REXULTI 47
REYATAZ 8
REZDIFFRA 80
REZLIDHIA 24
REZUROCK 80
RHOPRESSA 57
Ribavirin 10
RIDAURA 80
Rifabutin 8
Rifampin 8
rifAMPin 8
Riluzole 50
riMANTAdine HCl 10
RINVOQ 80
RINVOQ LQ 80
Risedronate Sodium 80
risperiDONE 47
RisperiDONE 47
risperiDONE Microspheres ER .. 47
Ritonavir 8
Rivastigmine 30
Rivastigmine Tartrate 30
Rizatriptan Benzoate 43
ROCKLATAN 57
Roflumilast 88
ROMVIMZA 24

rOPINIRole HCl 44
rOPINIRole HCl ER 44
ROSADAN 94
Rosuvastatin Calcium 33
ROTARIX 91
ROTATEQ 91
ROWEEPRA 39
ROZLYTREK 24
RUBRACA 24
Rufinamide 39
RUKOBIA 8
RYBELSUS 65
RYBELSUS (FORMULATION R2) 65
RYDAPT 24
RYLAZE 24
SAJAZIR 73
SANDIMMUNE 80
SANTYL 95
Sapropterin Dihydrochloride 80
SB Alcohol Prep 86
SCEMBLIX 24
Scopolamine 60
SECUADO 47
Selegiline HCl 44
Selenium Sulfide 94
SELZENTRY 8
SEREVENT DISKUS 29
Sertraline HCl 42
SETLAKIN 70
SHAROBEL 70
SHINGRIX 91
SIGNIFOR 73
Sildenafil Citrate 36
SILIGENTLE FOAM DRESSING 86
Silver sulfADIAZINE 94
SIMBRINZA 57
SIMLIYA 70
Simvastatin 33
Sirolimus 80
SIRTURO 8
SKYCLARYS 80
SKYLA 70
SKYRIZI 80, 81
SKYRIZI (150 MG DOSE) 80
SKYRIZI PEN 80
SM Alcohol Prep 86
SM Gauze 86
SM Sterile 86
Sodium Chloride 56
Sodium Chloride (PF) 56
Sodium Oxybate 51
Sodium Phenylbutyrate 54
Sodium Polystyrene Sulfonate 55
SOHONOS 81
SOLIA 70
Solifenacin Succinate 95
SOLIQUA 65
SOLTAMOX 24
SOMATULINE DEPOT 73
SOMAVERT 72
SORAfenib Tosylate 24
SORINE 33
Sotalol HCl 33
Sotalol HCl (AF) 33
SPEVIGO 81
SPIRIVA HANDIHALER 88
SPIRIVA RESPIMAT 88
Spironolactone 35
Spironolactone-HCTZ 35
SPRINTEC 28 70
SPRITAM 39
SPS 55
SPS (SODIUM POLYSTYRENE SULF) 55
SRONYX 70
SSD 94
Stamaril 91
Stavudine 8
STELARA 81
Sterile 86
Sterile Gauze 86
STIOLTO RESPIMAT 88
STIVARGA 24
Streptomycin Sulfate 3
STRIBILD 8
SUBOXONE 53
SUBVENITE 39
Sucralfate 61
Sulfacetamide Sodium 58
Sulfacetamide Sodium (Acne) 94
Sulfacetamide-prednisoLONE 58
sulfADIAZINE 13
Sulfamethoxazole-Trimethoprim 13
SulfaSALAzine 14
SULFATRIM PEDIATRIC 14
Sulindac 51
SUMAtriptan 43
SUMAtriptan Succinate 43
SUMAtriptan Succinate Refill 43
SUNItinib Malate 25
SUNLENCA 8
Sure Comfort Alcohol Prep 86
SYMLINPEN 120 65
SYMLINPEN 60 65
SYMPAZAN 39
SYMTUZA 8
SYNAGIS 10
SYNAREL 72
SYNJARDY 65
SYNJARDY XR 65
SYNRIBO 25
SYNTHROID 73
TABLOID 25
TABRECTA 25
Tacrolimus 81, 95
Tadalafil 36
Tadalafil (PAH) 36
TAFINLAR 25
TAGRISSO 25
TALZENNA 25
Tamoxifen Citrate 25
Tamsulosin HCl 30
TARINA 24 FE 70
TARINA FE 1/20 70
TARINA FE 1/20 EQ 70
TASIGNA 25
Tasimelteon 49
TAVNEOS 81
Tazarotene 95
TAZICEF 11
TAZTIA XT 34
TAZVERIK 25
TDVAX 90
TECVAYLI 25
TEFLARO 11
TEGADERM FOAM 86
Temazepam 49
TENCON 49
TENIVAC 90
Tenofovir Disoproxil Fumarate 8
TEPMETKO 25
Terazosin HCl 32
Terbinafine HCl 5
Terbutaline Sulfate 29
Terconazole 92
Teriflunomide 81
Teriparatide 72
Testosterone 63
Testosterone Cypionate 63
Testosterone Enanthate 63
Tetanus-Diphtheria Toxoids Td 90
Tetrabenazine 51
Tetracycline HCl 14
THALOMID 81

Theophylline 88
Theophylline ER 88
THERAGAUZE 86
THERMAZENE 94
Thioridazine HCl 47
Thiothixene 47
TIADYLT ER 34
tiaGABine HCl 39
TIBSOVO 25
Ticagrelor 32
TICOVAC 91
Tigecycline 14
TILIA FE 70
Timolol Maleate 34, 57
Tinidazole 6
TIVICAY 8
TIVICAY PD 8
tiZANidine HCl 30
TOBRADEX 58
Tobramycin 4, 58
Tobramycin Sulfate 4
Tobramycin-Dexamethasone 58
Tolcapone 44
Tolterodine Tartrate ER 95
Topiramate 40
Toremifene Citrate 25
TORPENZ 25
Torsemide 55
TOUJEO MAX SOLOSTAR 66
TOUJEO SOLOSTAR 66
TPN ELECTROLYTES 56
TRADJENTA 66
traMADol HCl 53
traMADol HCl (ER Biphasic) 52, 53
traMADol HCl ER 53
traMADol-Acetaminophen 53
Trandolapril 35
Tranexamic Acid 81
Tranylcypromine Sulfate 42
TRAVASOL 55
traZODone HCl 42
TRECATOR 9
TRELEGY ELLIPTA 89
TRELSTAR MIXJECT 25, 26
TREMFYA 81, 82
TREMFYA CROHNS INDUCTION 81
TREMFYA ONE-PRESS 81
TREMFYA PEN 81
TRESIBA 66
TRESIBA FLEXTOUCH 66
Tretinoin 26, 95
TRI FEMYNOR 70
Triamcinolone Acetonide 93, 94
Triamterene-HCTZ 55
TRIDACAINE II 95
TRIDERM 94
Trientine HCl 62
TRI-ESTARYLLA 70
Trifluoperazine HCl 47
Trifluridine 58
Trihexyphenidyl HCl 44
TRIJARDY XR 66
TRIKAFTA 89
TRI-LEGEST FE 70
TRI-LINYAH 70
TRI-LO-ESTARYLLA 70
TRI-LO-MARZIA 70
TRI-LO-MILI 71
TRI-LO-SPRINTEC 71
Trimethoprim 14
TRI-MILI 71
Trimipramine Maleate 42
TRINESSA (28) 71
TRINTELLIX 42
TRI-NYMYO 71
TRI-PREVIFEM 71
TRI-SPRINTEC 71
TRIUMEQ 8
Triumeq PD 8
TRIVORA (28) 71
TRI-VYLIBRA 71
TRI-VYLIBRA LO 71
TRIZIVIR 8
TROPHAMINE 55
True Comfort Pro Alcohol Prep . 86
TRULICITY 66
TRUMENBA 91
TRUQAP 26
TRUSELTIQ (100MG DAILY DOSE) 26
TRUSELTIQ (125MG DAILY DOSE) 26
TRUSELTIQ (50MG DAILY DOSE) 26
TRUSELTIQ (75MG DAILY DOSE) 26
TRYNGOLZA 33
TUKYSA 26
TULANA 71
TURALIO 26
TURQOZ 71
TWINRIX 91
TYBOST 82
TYMLOS 72
TYPHIM VI 91
UBRELVY 43
UKONIQ 26
ULTICARE ALCOHOL SWABS 86
Ultilet Alcohol Swabs 86
Ultra-Care Alcohol Prep Pads ... 86
UNITHROID 73
UPTRAVI 89
UPTRAVI TITRATION 89
Ursodiol 61
UZEDY 48
valACYclovir HCl 10
VALCHLOR 26
valGANciclovir HCl 10
Valproic Acid 40
Valsartan 36
Valsartan-hydroCHLOROthiazide 36
VALTOCO 10 MG DOSE 40
VALTOCO 15 MG DOSE 40
VALTOCO 20 MG DOSE 40
VALTOCO 5 MG DOSE 40
Vancomycin HCl 4
VANFLYTA 26
VANRAFIA 82
VAQTA 91
Varenicline Tartrate 29
Varenicline Tartrate (Starter) 29
VARIVAX 91
VARIZIG 91
VASCEPA 33
VELIVET 71
VELSIPITY 82
VELTASSA 55
VEMLIDY 10
VENCLEXTA 26
VENCLEXTA STARTING PACK 26
Venlafaxine Besylate ER 42
Venlafaxine HCl 42
Venlafaxine HCl ER 42
VEOZAH 51
Verapamil HCl 34
Verapamil HCl ER 34
VERQUVO 35
VERSACLOZ 48
VERZENIO 26, 27
V-GO 20 86
V-GO 30 86

V-GO 40 86
VIENVA 71
Vigabatrin 40
VIGADRONE 40
VIGAFYDE 40
VIGPODER 40
VIJOICE 27
Vilazodone HCl 42
VIMKUNYA 91
Viorele 71
VIRACEPT 8
VIREAD 8
VITRAKVI 27
VIVOTIF 91
VIZIMPRO 27
VOLNEA 71
VONJO 27
VORANIGO 27
Voriconazole 5
VOSEVI 10
VOWST 61
VOXZOGO 82
VRAYLAR 48
VUMERITY 82
VYFEMLA 71
VYJUVEK 82
VYLIBRA 71
VYZULTA 57
Warfarin Sodium 31
WEBCOL ALCOHOL PREP LARGE 86
WEBCOL ALCOHOL PREP MEDIUM 86
WELIREG 27
WERA 71
WINREVAIR 89
WIXELA INHUB 87
XALKORI 27
XARAH FE 71
XARELTO 31
XARELTO STARTER PACK ... 31
XATMEP 27
XCOPRI 40
XCOPRI (250 MG DAILY DOSE) 40
XCOPRI (350 MG DAILY DOSE) 40
XDEMVY 59
XELJANZ 82
XELJANZ XR 82
XEOMIN 82
XERMELO 59
XGEVA 82
XHANCE 59
XIFAXAN 61
XIGDUO XR 66
XIIDRA 59
XOLAIR 89
XOLREMDI 27
XOSPATA 27
XPOVIO (100 MG ONCE WEEKLY) 28
XPOVIO (40 MG ONCE WEEKLY) 28
XPOVIO (40 MG TWICE WEEKLY) 28
XPOVIO (60 MG ONCE WEEKLY) 28
XPOVIO (60 MG TWICE WEEKLY) 28
XPOVIO (80 MG ONCE WEEKLY) 28
XPOVIO (80 MG TWICE WEEKLY) 28
XTANDI 28
XULANE 71
XULTOPHY 66
YARGESA 82
YF-VAX 91
YONSA 28
ZAFEMY 71
Zafirlukast 87
Zaleplon 49
ZARXIO 31
ZEJULA 28
ZELBORAF 28
ZEMAIRA 89
ZENATANE 95
ZENPEP 61
ZENZEDI 37
ZEPOSIA 82
ZEPOSIA 7-DAY STARTER PACK 82
ZEPOSIA STARTER KIT 82
ZevRx Sterile Alcohol Prep Pad . 86
Zidovudine 8
ZIEXTENZO 31
ZIMHI 53
Ziprasidone HCl 48
Ziprasidone Mesylate 48
ZIRGAN 58
ZOLINZA 28
Zolpidem Tartrate 49
ZONISADE 40
Zonisamide 40
ZOSYN 13
ZOVIA 1/35 (28) 71
ZTALMY 40
ZUBSOLV 53
ZURZUVAE 42
ZYDELIG 28
ZYKADIA 28
ZYPREXA RELPREVV 48

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Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-401-8251

Division of Human and Civil Rights
861 Silver Lake Blvd., Suite 145
Dover, DE 19904
302-739-4567
hho.fyi/ea-intake

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U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
OCRMail@hhs.gov

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-401-8251. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-855-401-8251。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-855-401-8251。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-401-8251. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-401-8251. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-401-8251 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-401-8251. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-401-8251번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-401-8251. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الا ال بنا على - -x-x1.سيقوم شخص ما يتحدث العربية ب اعدتك. هذه خدمة مجانية.سمx

Hindi: हमारे &वा&(य या दवा क, योजना के बारे मI आपके 4कसी भी 89न के जवाब देने के :लए हमारे पास मु>त दुभा@षया सेवाएँ उपलDध हF. एक दुभा@षया 8ाGत करने के :लए, बस हम1 1-855-401-8251 पर फोन कर1. कोई JयिLत जो MहNदO बोलता है आपक, मदद कर सकता है. यह एक मु>त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-401-8251. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-401-8251. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-401-8251. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-401-8251. Ta usługa jest bezpłatna.

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

2025 Formulary
(List of Covered Drugs)

This formulary was updated on 7/1/2025. For more recent information or other questions, please contact Highmark Health Options Duals Member Services toll-free at **1-855-401-8251 (TTY users should call 711)**.

Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, our business hours are 8 a.m. - 8 p.m., Monday through Friday. Or visit us at **HighmarkHealthOptions.com/Duals**.

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Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association and is offering the Highmark Health Options Duals Medicare D-SNP product.

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