

2025 Formulary

(List of Covered Drugs
or “Drug List”)

Highmark Health Options Duals

(HMO SNP)

This formulary was updated
on 10/01/2024.

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 X

H7710_24_9222_C
00025515/10
Last updated 10/1/2024

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 October 1, 2024. 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](https://www.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 October 1, 2024. 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 91. 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 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](https://www.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 91.

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..... | 27 |
| Blood Formation, Coagulation, And Thrombosis..... | 29 |
| Cardiovascular Drugs..... | 31 |
| Central Nervous System Agents..... | 35 |
| Electrolytic, Caloric, And Water Balance..... | 52 |
| Eye, Ear, Nose, And Throat (Eent) Preparations..... | 55 |
| Gastrointestinal Drugs..... | 58 |
| Heavy Metal Antagonists..... | 60 |
| Hormones And Synthetic Substitutes..... | 60 |
| Miscellaneous Therapeutic Agents..... | 72 |
| Nutritional/Supplements..... | 80 |
| Pharmaceutical Aids..... | 80 |
| Respiratory Tract Agents..... | 81 |
| Serums, Toxoids, And Vaccines..... | 84 |
| Skin And Mucous Membrane Agents..... | 86 |
| Smooth Muscle Relaxants..... | 90 |

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

Drug Tier

UPPERCASE = Brand name drugs **1** = All Meds

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| Antihistamine Drugs | | |
| Antihistamine Drugs | | |
| <i>Cetirizine HCl Oral Solution 5 MG/5ML</i> | 1 | |
| <i>Cyproheptadine HCl Oral</i> | 1 | PA; NEDS |
| <i>Levocetirizine Dihydrochloride Oral</i> | 1 | |
| <i>Promethazine HCl Oral Solution</i> | 1 | PA; QL (1800 ML per 30 days); NEDS |
| <i>Promethazine HCl Oral Tablet</i> | 1 | PA; NEDS |
| Anti-Infective Agents | | |
| Aminoglycosides | | |
| <i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i> | 1 | |
| ARIKAYCE | 1 | PA; QL (252 ML per 30 days); NEDS |
| <i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i> | 1 | |
| <i>Gentamicin Sulfate Injection</i> | 1 | |
| KITABIS PAK | 1 | B/D; *; Not available at mail-order; QL (280 ML per 28 days); NEDS |
| <i>Neomycin Sulfate Oral</i> | 1 | |
| <i>Streptomycin Sulfate Intramuscular</i> | 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 |
|--|------------------|--|
| <i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i> | 1 | B/D; *; Not available at mail-order; QL (224 ML per 28 days); NEDS |
| <i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i> | 1 | B/D; *; Not available at mail-order; QL (280 ML per 28 days); NEDS |
| <i>Tobramycin Sulfate Injection Solution</i> | 1 | |
| Anthelmintics | | |
| <i>Albendazole Oral</i> | 1 | |
| <i>Ivermectin Oral</i> | 1 | |
| <i>Praziquantel Oral</i> | 1 | |
| Antibacterials, Miscellaneous | | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML | 1 | |
| <i>Clindamycin HCl Oral Capsule 150 MG, 300 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Clindamycin HCl Oral Capsule 75 MG</i> | 1 | |
| <i>Clindamycin Palmitate HCl</i> | 1 | |
| <i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML</i> | 1 | |
| <i>Colistimethate Sodium (CBA)</i> | 1 | NEDS |
| <i>Dapsone Oral</i> | 1 | |
| <i>DAPTOmycin</i> | 1 | NEDS |
| <i>Ertapenem Sodium</i> | 1 | |
| <i>Linezolid in Sodium Chloride</i> | 1 | NEDS |
| <i>Linezolid Intravenous Solution 600 MG/300ML</i> | 1 | NEDS |
| <i>Linezolid Oral Suspension Reconstituted</i> | 1 | NEDS |
| <i>Linezolid Oral Tablet</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>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</i> | 1 | NEDS |
| <i>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</i> | 1 | NEDS |
| <i>Vancomycin HCl Oral Capsule 125 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>Vancomycin HCl Oral Capsule 250 MG</i> | 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 |
| <i>Amphotericin B Intravenous</i> | 1 | B/D; NEDS |
| <i>Amphotericin B Liposome</i> | 1 | B/D; NEDS |
| <i>Caspofungin Acetate</i> | 1 | NEDS |
| <i>Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%</i> | 1 | |
| <i>Fluconazole Oral</i> | 1 | |
| <i>Flucytosine Oral</i> | 1 | NEDS |
| <i>Griseofulvin Microsize Oral Suspension</i> | 1 | |
| <i>Griseofulvin Microsize Oral Tablet</i> | 1 | NEDS |
| <i>Griseofulvin Ultramicrosize Oral Tablet 125 MG</i> | 1 | |
| <i>Griseofulvin Ultramicrosize Oral Tablet 250 MG</i> | 1 | NEDS |
| <i>Itraconazole Oral Capsule</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>Itraconazole Oral Solution</i> | 1 | NEDS |
| <i>Ketoconazole Oral</i> | 1 | |
| <i>Micafungin Sodium-NaCl</i> | 1 | NEDS |
| <i>Nystatin Mouth/Throat</i> | 1 | |
| <i>Nystatin Oral Tablet</i> | 1 | |
| <i>Posaconazole Oral Suspension</i> | 1 | PA; QL (630 ML per 30 days); NEDS |
| <i>Posaconazole Oral Tablet Delayed Release</i> | 1 | PA; QL (93 EA per 30 days); NEDS |
| <i>Terbinafine HCl Oral</i> | 1 | QL (30 EA per 30 days) |
| <i>Voriconazole Intravenous</i> | 1 | PA; NEDS |
| <i>Voriconazole Oral Suspension Reconstituted</i> | 1 | QL (300 ML per 30 days); NEDS |
| <i>Voriconazole Oral Tablet 200 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Voriconazole Oral Tablet 50 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| Antimalarials | | |
| <i>Atovaquone Oral</i> | 1 | NEDS |
| <i>Atovaquone-Proguanil HCl</i> | 1 | |
| <i>Chloroquine Phosphate Oral</i> | 1 | |
| COARTEM | 1 | |
| <i>Hydroxychloroquine Sulfate Oral Tablet 100 MG, 200 MG</i> | 1 | |
| <i>Mefloquine HCl</i> | 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 |
|---|------------------|------------------------------|
| <i>Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG</i> | 1 | |
| <i>Pyrimethamine Oral</i> | 1 | NEDS |
| <i>QuiNINE Sulfate Oral</i> | 1 | |
| Antiprotozoals, Miscellaneous | | |
| <i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i> | 1 | |
| <i>metroNIDAZOLE Oral Tablet</i> | 1 | |
| <i>Nitazoxanide Oral</i> | 1 | QL (6 EA per 30 days); NEDS |
| <i>Pentamidine Isethionate Inhalation</i> | 1 | B/D |
| <i>Pentamidine Isethionate Injection</i> | 1 | |
| <i>Tinidazole Oral</i> | 1 | |
| Antiretrovirals | | |
| <i>Abacavir Sulfate</i> | 1 | |
| <i>Abacavir Sulfate-lamiVUDine</i> | 1 | |
| APRETUDE | 1 | NEDS |
| APTIVUS ORAL CAPSULE | 1 | NEDS |
| <i>Atazanavir Sulfate</i> | 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 |
| <i>Darunavir Oral Tablet 600 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Darunavir Oral Tablet 800 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| DELSTRIGO | 1 | NEDS |
| DESCOVY | 1 | NEDS |
| DOVATO | 1 | NEDS |
| EDURANT | 1 | NEDS |
| <i>Efavirenz</i> | 1 | |
| <i>Efavirenz-Emtricitab-Tenofo DF</i> | 1 | NEDS |
| <i>Efavirenz-lamiVUDine-Tenofovir</i> | 1 | |
| <i>Emtricitabine</i> | 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 |
|--|------------------|--|
| <i>Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG</i> | 1 | NEDS |
| <i>Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG</i> | 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 |
| <i>Etravirine Oral Tablet 100 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>Etravirine Oral Tablet 200 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| EVOTAZ | 1 | QL (30 EA per 30 days); NEDS |
| <i>Fosamprenavir Calcium</i> | 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 |
| <i>LamiVUDine</i> | 1 | |
| <i>lamiVUDine-Zidovudine</i> | 1 | |
| LEXIVA ORAL SUSPENSION | 1 | |
| <i>Lopinavir-Ritonavir</i> | 1 | |
| <i>Maraviroc Oral Tablet 150 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Maraviroc Oral Tablet 300 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>Nevirapine</i> | 1 | |
| <i>Nevirapine ER</i> | 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 |
| <i>Ritonavir</i> | 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 |
| <i>Stavudine Oral Capsule</i> | 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 |
| <i>Tenofovir Disoproxil Fumarate</i> | 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 |
| <i>Triumeq PD</i> | 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 |
| <i>Zidovudine</i> | 1 | |
| Antituberculosis Agents | | |
| <i>Ethambutol HCl Oral</i> | 1 | |
| <i>Isoniazid Oral</i> | 1 | |
| PRIFTIN | 1 | NEDS |
| <i>Pyrazinamide Oral</i> | 1 | |
| <i>Rifabutin</i> | 1 | NEDS |
| <i>Rifampin Intravenous</i> | 1 | |
| <i>rifAMPin Oral</i> | 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 | | |
| <i>Acyclovir Oral</i> | 1 | |
| <i>Acyclovir Sodium Intravenous Solution</i> | 1 | B/D |
| <i>Adefovir Dipivoxil</i> | 1 | NEDS |
| BARACLUDGE ORAL SOLUTION | 1 | NEDS |
| <i>Entecavir</i> | 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 |
| <i>Famciclovir Oral</i> | 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 |
| <i>Oseltamivir Phosphate Oral Capsule 30 MG</i> | 1 | QL (84 EA per 180 days) |
| <i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i> | 1 | QL (42 EA per 180 days) |
| <i>Oseltamivir Phosphate Oral Suspension Reconstituted</i> | 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 |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 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 |
|--|------------------|---|
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | *; Not available at mail-order; NEDS |
| PREVYMIS ORAL | 1 | PA; QL (28 EA per 28 days); NEDS |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 1 | |
| <i>Ribavirin Oral Capsule</i> | 1 | *; Not available at mail-order |
| <i>Ribavirin Oral Tablet 200 MG</i> | 1 | *; Not available at mail-order |
| <i>riMANTAdine HCl</i> | 1 | |
| SYNAGIS | 1 | PA; *; Not available at mail-order; NEDS |
| <i>valACYclovir HCl Oral Tablet 1 GM</i> | 1 | |
| <i>valACYclovir HCl Oral Tablet 500 MG</i> | 1 | NEDS |
| <i>valGANciclovir HCl Oral Solution Reconstituted</i> | 1 | NEDS |
| <i>valGANciclovir HCl Oral Tablet</i> | 1 | |
| VEMLIDY | 1 | NEDS |
| VOSEVI | 1 | PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| Cephalosporins | | |
| <i>Cefaclor ER</i> | 1 | |
| <i>Cefaclor Oral Capsule</i> | 1 | |
| <i>Cefadroxil</i> | 1 | |
| <i>CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG</i> | 1 | |
| <i>CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM</i> | 1 | |
| <i>CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%, 2-4 GM/100ML-%</i> | 1 | |
| <i>CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-3 GM-%, 2-3 GM-%(50ML)</i> | 1 | |
| <i>Cefdinir</i> | 1 | |
| <i>Cefepime HCl Injection Solution Reconstituted 1 GM</i> | 1 | |
| <i>Cefepime HCl Intravenous Solution</i> | 1 | |
| <i>Cefepime HCl Intravenous Solution Reconstituted 2 GM</i> | 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 |
|--|------------------|-----------------------------------|
| <i>Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i> | 1 | |
| <i>Cefixime</i> | 1 | |
| <i>Cefpodoxime Proxetil</i> | 1 | |
| <i>Cefprozil</i> | 1 | |
| <i>cefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i> | 1 | |
| <i>CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM</i> | 1 | |
| <i>cefTAZidime Intravenous</i> | 1 | |
| <i>CefTRIAxone Sodium in Dextrose</i> | 1 | |
| <i>cefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG</i> | 1 | |
| <i>cefTRIAxone Sodium Intravenous</i> | 1 | |
| <i>CefTRIAxone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</i> | 1 | |
| <i>Cefuroxime Axetil Oral Tablet</i> | 1 | |
| <i>Cefuroxime Sodium Injection Solution Reconstituted 750 MG</i> | 1 | |
| <i>Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM</i> | 1 | |
| <i>Cephalexin Oral Capsule 250 MG, 500 MG</i> | 1 | |
| <i>Cephalexin Oral Suspension Reconstituted</i> | 1 | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 1 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED | 1 | |
| TEFLARO | 1 | PA; NEDS |
| Macrolides | | |
| <i>Azithromycin Intravenous</i> | 1 | |
| <i>Azithromycin Oral Suspension Reconstituted</i> | 1 | |
| <i>Azithromycin Oral Tablet</i> | 1 | |
| <i>Clarithromycin ER</i> | 1 | |
| <i>Clarithromycin Oral</i> | 1 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 1 | ST; QL (136 ML per 10 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 |
|--|------------------|--------------------------------------|
| DIFICID ORAL TABLET | 1 | ST; QL (20 EA per 10 days); NEDS |
| ERY-TAB | 1 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | 1 | |
| <i>Erythromycin Base Oral Tablet</i> | 1 | |
| <i>Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML</i> | 1 | |
| <i>Erythromycin Ethylsuccinate Oral Tablet</i> | 1 | |
| <i>Erythromycin Oral</i> | 1 | |
| <i>Erythromycin Stearate Oral Tablet 250 MG</i> | 1 | |
| Miscellaneous B-Lactam Antibiotics | | |
| <i>Aztreonam</i> | 1 | |
| CAYSTON | 1 | *; Not available at mail-order; NEDS |
| <i>CefOXitin Sodium Intravenous</i> | 1 | |
| <i>CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</i> | 1 | |
| <i>Imipenem-Cilastatin</i> | 1 | |
| <i>Meropenem Intravenous Solution Reconstituted 1 GM</i> | 1 | QL (90 EA per 30 days) |
| <i>Meropenem Intravenous Solution Reconstituted 500 MG</i> | 1 | |
| <i>Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML</i> | 1 | |
| Penicillins | | |
| <i>Amoxicillin Oral Capsule</i> | 1 | |
| <i>Amoxicillin Oral Suspension Reconstituted</i> | 1 | |
| <i>Amoxicillin Oral Tablet</i> | 1 | |
| <i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i> | 1 | |
| <i>Amoxicillin-Pot Clavulanate ER</i> | 1 | |
| <i>Amoxicillin-Pot Clavulanate Oral</i> | 1 | |
| <i>Ampicillin Oral Capsule 500 MG</i> | 1 | |
| <i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG</i> | 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 |
|---|------------------|----------------------------|
| <i>Ampicillin Sodium Intravenous</i> | 1 | |
| <i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM</i> | 1 | |
| <i>Ampicillin-Sulbactam Sodium Intravenous</i> | 1 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| <i>Dicloxacillin Sodium</i> | 1 | |
| <i>Oxacillin Sodium in Dextrose</i> | 1 | |
| <i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i> | 1 | |
| <i>Oxacillin Sodium Intravenous</i> | 1 | |
| <i>Penicillin G Potassium</i> | 1 | |
| <i>Penicillin V Potassium</i> | 1 | |
| PFIZERPEN | 1 | |
| <i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM</i> | 1 | |
| ZOSYN INTRAVENOUS SOLUTION | 1 | |
| Quinolones | | |
| <i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG</i> | 1 | |
| <i>Ciprofloxacin HCl Oral Tablet 750 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Ciprofloxacin in D5W</i> | 1 | |
| <i>levoFLOXacin in D5W</i> | 1 | |
| <i>levoFLOXacin Intravenous</i> | 1 | |
| <i>levoFLOXacin Ophthalmic Solution 1.5 %</i> | 1 | |
| <i>levoFLOXacin Oral</i> | 1 | |
| <i>Moxifloxacin HCl in NaCl</i> | 1 | |
| <i>Moxifloxacin HCl Intravenous</i> | 1 | |
| <i>Moxifloxacin HCl Oral</i> | 1 | |
| <i>Ofloxacin Oral Tablet 300 MG, 400 MG</i> | 1 | |
| Sulfonamides (Systemic) | | |
| <i>sulfADIAZINE Oral</i> | 1 | |
| <i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i> | 1 | |
| <i>Sulfamethoxazole-Trimethoprim Oral Tablet</i> | 1 | |
| <i>SulfaSALazine Oral</i> | 1 | |
| SULFATRIM PEDIATRIC | 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 |
|--|------------------|---|
| Tetracyclines | | |
| <i>Avidoxy</i> | 1 | |
| <i>Demeclocycline HCl Oral</i> | 1 | |
| DOXY 100 | 1 | B/D |
| <i>Doxycycline Hyclate Intravenous</i> | 1 | B/D |
| <i>Doxycycline Hyclate Oral Capsule</i> | 1 | QL (60 EA per 30 days) |
| <i>Doxycycline Hyclate Oral Tablet 100 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Doxycycline Hyclate Oral Tablet 20 MG</i> | 1 | |
| <i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i> | 1 | |
| <i>Doxycycline Monohydrate Oral Suspension Reconstituted</i> | 1 | |
| <i>Doxycycline Monohydrate Oral Tablet</i> | 1 | |
| LYMEPAK | 1 | QL (60 EA per 30 days) |
| <i>Minocycline HCl Oral Capsule</i> | 1 | |
| <i>Minocycline HCl Oral Tablet 75 MG</i> | 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | 1 | |
| <i>Tetracycline HCl Oral Capsule 250 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Tetracycline HCl Oral Capsule 500 MG</i> | 1 | |
| <i>Tigecycline</i> | 1 | NEDS |
| Urinary Anti-Infectives | | |
| <i>Methenamine Hippurate</i> | 1 | |
| <i>Nitrofurantoin Macrocrystal Oral</i> | 1 | |
| <i>Nitrofurantoin Monohyd Macro</i> | 1 | |
| <i>Nitrofurantoin Oral Suspension 25 MG/5ML</i> | 1 | NEDS |
| <i>Trimethoprim Oral</i> | 1 | |
| Antineoplastic Agents | | |
| Antineoplastic Agents | | |
| <i>Abiraterone Acetate Oral Tablet 250 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (90 EA per 30 days); NEDS |
| <i>Abiraterone Acetate Oral Tablet 500 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| AKEEGA | 1 | PA (NS); QL (60 EA per 30 days); NEDS |
| ALECENSA | 1 | PA (NS); *; 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 |
|--|------------------|--|
| ALUNBRIG | 1 | PA (NS); NEDS |
| <i>Anastrozole Oral</i> | 1 | QL (30 EA per 30 days) |
| AUGTYRO | 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 |
| <i>Bexarotene Oral</i> | 1 | PA (NS); *; Not available at mail-order; NEDS |
| <i>Bicalutamide</i> | 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 |
| 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 |

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 |
|---|------------------|--|
| 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 |
| <i>Cyclophosphamide Oral</i> | 1 | B/D |
| DARZALEX FASPRO | 1 | PA (NS); *; Not available at mail-order; QL (60 ML per 28 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 |
| 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 |

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 |
|--|------------------|--|
| <i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| <i>Erlotinib HCl Oral Tablet 25 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Everolimus Oral Tablet 10 MG, 7.5 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| <i>Everolimus Oral Tablet 2.5 MG, 5 MG</i> | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Everolimus Oral Tablet Soluble</i> | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Exemestane</i> | 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 |
| <i>Gefitinib</i> | 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 |
| <i>Hydroxyurea Oral</i> | 1 | |
| IBRANCE | 1 | PA (NS); *; Not available at mail-order; QL (21 EA per 28 days); NEDS |
| ICLUSIG | 1 | PA (NS); 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 |
|--------------------------------------|------------------|--|
| IDHIFA | 1 | PA (NS); *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| <i>Imatinib Mesylate</i> | 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, 560 MG | 1 | PA (NS); QL (30 EA per 30 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 |
| INREBIC | 1 | PA (NS); *; Not available at mail-order; QL (120 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 |

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 |
|------------------------------|------------------|--|
| 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 |
| <i>Lapatinib Ditosylate</i> | 1 | PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS |
| <i>Lenalidomide</i> | 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 |

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 |
|-------------------------------------|------------------|--|
| LENVIMA (8 MG DAILY DOSE) | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Letrozole Oral</i> | 1 | |
| LEUKERAN | 1 | NEDS |
| <i>Leuprolide Acetate (3 Month)</i> | 1 | PA (NS); *; Not available at mail-order; QL (1 EA per 84 days) |
| <i>Leuprolide Acetate Injection</i> | 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 |
| 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 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 |

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 |
|--|------------------|---|
| 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 |
| <i>Megestrol Acetate Oral</i> | 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 |
| <i>Mercaptopurine Oral</i> | 1 | |
| <i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i> | 1 | B/D |
| <i>Methotrexate Sodium Injection Solution 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML</i> | 1 | B/D |
| <i>Methotrexate Sodium Injection Solution Reconstituted</i> | 1 | B/D |
| <i>Methotrexate Sodium Oral</i> | 1 | B/D |
| NERLYNX | 1 | PA (NS); *; Not available at mail-order; NEDS |
| <i>Nilutamide</i> | 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 |

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 |
|---|------------------|--|
| 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 |
| 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 |
| <i>PAZO Panib HCl</i> | 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 |

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 |
|---|------------------|--|
| POMALYST | 1 | PA (NS); *; Not available at mail-order; QL (21 EA per 28 days); NEDS |
| PURIXAN | 1 | *; Not available at mail-order; 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 |
| RETEVMO ORAL TABLET 40 MG | 1 | PA (NS); *; Not available at mail-order; QL (180 EA per 30 days); NEDS |
| REZLIDHIA | 1 | PA (NS); QL (60 EA per 30 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 |

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 |
|------------------------------------|------------------|--|
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA (NS); *; Not available at mail-order; QL (300 EA per 30 days); NEDS |
| SOLTAMOX | 1 | NEDS |
| <i>SORafenib Tosylate</i> | 1 | PA (NS); *; Not available at mail-order; QL (120 EA per 30 days); NEDS |
| SPRYCEL | 1 | PA (NS); *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| STIVARGA | 1 | PA (NS); *; Not available at mail-order; QL (84 EA per 28 days); NEDS |
| <i>SUNitinib Malate</i> | 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 |
| TAGRISO | 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 |
| <i>Tamoxifen Citrate Oral</i> | 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 |

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 |
|--|------------------|---|
| 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 |
| <i>Toremifene Citrate</i> | 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) |
| 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) |
| <i>Tretinoin Oral</i> | 1 | NEDS |
| TRUQAP ORAL TABLET | 1 | PA (NS); QL (64 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) |

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 |
|--|------------------|--|
| 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 |
| 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 |
| 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 |

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 |
|--|------------------|--|
| 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 |
| 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 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) |
| <i>Dicyclomine HCl Oral</i> | 1 | PA; NEDS |
| <i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i> | 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 |
|---|------------------|------------------------------|
| <i>Ipratropium Bromide Inhalation</i> | 1 | B/D; QL (300 ML per 30 days) |
| <i>Methscopolamine Bromide Oral</i> | 1 | PA; NEDS |
| Autonomic Drugs, Miscellaneous | | |
| NICOTROL | 1 | NEDS |
| NICOTROL NS | 1 | |
| <i>Varenicline Tartrate (Starter)</i> | 1 | |
| <i>Varenicline Tartrate Oral Tablet</i> | 1 | QL (336 EA per 168 days) |
| Beta-Adrenergic Agonists | | |
| <i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i> | 1 | QL (17 GM per 30 days) |
| <i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)</i> | 1 | QL (13.4 GM per 30 days) |
| <i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)</i> | 1 | QL (36 GM per 30 days) |
| <i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i> | 1 | B/D; QL (360 ML per 30 days) |
| <i>Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML</i> | 1 | B/D; QL (120 EA per 30 days) |
| <i>Albuterol Sulfate Oral</i> | 1 | |
| COMBIVENT RESPIMAT | 1 | QL (8 GM per 30 days) |
| <i>Ipratropium-Albuterol</i> | 1 | B/D |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 1 | QL (60 EA per 30 days) |
| <i>Terbutaline Sulfate Oral</i> | 1 | |
| Parasympathomimetic (Cholinergic Agents) | | |
| <i>Bethanechol Chloride Oral</i> | 1 | |
| <i>Cevimeline HCl</i> | 1 | |
| <i>Donepezil HCl</i> | 1 | QL (30 EA per 30 days) |
| <i>Galantamine Hydrobromide ER</i> | 1 | QL (30 EA per 30 days) |
| <i>Galantamine Hydrobromide Oral Tablet</i> | 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 |
| <i>Pilocarpine HCl Oral</i> | 1 | |
| <i>Pyridostigmine Bromide ER</i> | 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 |
|--|------------------|----------------------------------|
| <i>Pyridostigmine Bromide Oral Solution</i> | 1 | |
| <i>Pyridostigmine Bromide Oral Tablet</i> | 1 | |
| <i>Rivastigmine</i> | 1 | QL (30 EA per 30 days) |
| <i>Rivastigmine Tartrate</i> | 1 | QL (60 EA per 30 days) |
| Skeletal Muscle Relaxants | | |
| <i>Chlorzoxazone Oral Tablet 500 MG</i> | 1 | PA; NEDS |
| <i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i> | 1 | PA; QL (90 EA per 30 days); NEDS |
| <i>Dantrolene Sodium Oral</i> | 1 | |
| <i>Methocarbamol Oral Tablet 500 MG, 750 MG</i> | 1 | PA |
| <i>Orphenadrine Citrate ER</i> | 1 | PA; NEDS |
| <i>tiZANidine HCl Oral Capsule 2 MG</i> | 1 | NEDS |
| <i>tiZANidine HCl Oral Capsule 4 MG, 6 MG</i> | 1 | |
| <i>tiZANidine HCl Oral Tablet</i> | 1 | |
| Sympatholytic Adrenergic Blocking Agents | | |
| <i>Alfuzosin HCl ER</i> | 1 | QL (30 EA per 30 days) |
| <i>Tamsulosin HCl</i> | 1 | |
| Blood Formation, Coagulation, And Thrombosis | | |
| Anticoagulants | | |
| <i>Dabigatran Etxilate Mesylate</i> | 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) |
| <i>Enoxaparin Sodium Injection Solution Prefilled Syringe</i> | 1 | |
| <i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i> | 1 | NEDS |
| <i>Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML</i> | 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 |
|--|------------------|---|
| <i>Heparin Sodium (Porcine) Injection Solution</i> 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML | 1 | |
| <i>Heparin Sodium (Porcine) PF Injection Solution</i> 1000 UNIT/ML | 1 | |
| JANTOVEN | 1 | |
| <i>Warfarin Sodium Oral</i> | 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 | 1 | QL (60 EA per 30 days) |
| <i>Cilostazol</i> | 1 | |
| <i>Clopidogrel Bisulfate Oral</i> | 1 | |
| <i>Prasugrel HCl</i> | 1 | QL (30 EA per 30 days) |
| Cardiovascular Drugs | | |
| Alpha-Adrenergic Blocking Agents | | |
| <i>Aliskiren Fumarate</i> | 1 | QL (30 EA per 30 days) |
| <i>Doxazosin Mesylate Oral</i> | 1 | |
| <i>Prazosin HCl Oral</i> | 1 | |
| <i>Terazosin HCl Oral</i> | 1 | |
| Antiarrhythmic Agents | | |
| <i>Amiodarone HCl Oral</i> | 1 | |
| <i>Dofetilide</i> | 1 | *; Not available at mail-order |
| <i>Flecainide Acetate</i> | 1 | |
| <i>Mexiletine HCl Oral</i> | 1 | |
| MULTAQ | 1 | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | 1 | |
| <i>Propafenone HCl</i> | 1 | |
| <i>Propafenone HCl ER</i> | 1 | |
| <i>quinidine Gluconate ER</i> | 1 | |
| <i>quinidine Sulfate Oral</i> | 1 | |
| Antilipemic Agents | | |
| <i>Atorvastatin Calcium Oral</i> | 1 | |
| <i>Cholestyramine Light</i> | 1 | |
| <i>Cholestyramine Oral</i> | 1 | |
| <i>Colestipol HCl</i> | 1 | |
| <i>Ezetimibe</i> | 1 | QL (30 EA per 30 days) |
| <i>Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG, 67 MG</i> | 1 | |
| <i>Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG</i> | 1 | |
| <i>Fenofibric Acid Oral Capsule Delayed Release</i> | 1 | |
| <i>Gemfibrozil Oral</i> | 1 | |
| <i>Icosapent Ethyl Oral Capsule 0.5 GM</i> | 1 | QL (240 EA per 30 days) |
| <i>Icosapent Ethyl Oral Capsule 1 GM</i> | 1 | QL (120 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 |
|---|------------------|---------------------------------|
| <i>Lovastatin Oral</i> | 1 | |
| <i>Niacin ER (Antihyperlipidemic)</i> | 1 | |
| NIACOR | 1 | |
| <i>Omega-3-acid Ethyl Esters</i> | 1 | QL (120 EA per 30 days) |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1 | PA; QL (2 ML per 28 days); NEDS |
| <i>Pravastatin Sodium</i> | 1 | |
| PREVALITE | 1 | |
| <i>Rosuvastatin Calcium Oral</i> | 1 | QL (30 EA per 30 days) |
| <i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i> | 1 | |
| <i>Simvastatin Oral Tablet 80 MG</i> | 1 | QL (30 EA per 30 days) |
| 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 | | |
| <i>Acebutolol HCl Oral</i> | 1 | |
| <i>Atenolol Oral</i> | 1 | |
| <i>Atenolol-Chlorthalidone</i> | 1 | |
| <i>Betaxolol HCl Oral</i> | 1 | |
| <i>Bisoprolol Fumarate Oral</i> | 1 | |
| <i>Bisoprolol-hydroCHLOROthiazide</i> | 1 | |
| <i>Carvedilol</i> | 1 | |
| <i>Labetalol HCl Oral</i> | 1 | |
| <i>Metoprolol Succinate ER</i> | 1 | |
| <i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i> | 1 | |
| <i>Metoprolol-hydroCHLOROthiazide</i> | 1 | |
| <i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i> | 1 | |
| <i>Pindolol</i> | 1 | |
| <i>Propranolol HCl ER</i> | 1 | |
| <i>Propranolol HCl Oral</i> | 1 | |
| SORINE | 1 | |
| <i>Sotalol HCl (AF)</i> | 1 | |
| <i>Sotalol HCl Oral</i> | 1 | |
| <i>Timolol Maleate Oral</i> | 1 | |
| Calcium-Channel Blocking Agents | | |
| <i>amLODIPine Besy-Benazepril HCl</i> | 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 |
|---|------------------|---|
| <i>amLODIPine Besylate Oral</i> | 1 | |
| <i>amLODIPine-Olmesartan</i> | 1 | |
| CARTIA XT | 1 | |
| <i>dilTIAZem HCl ER Beads</i> | 1 | |
| <i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG</i> | 1 | |
| <i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour</i> | 1 | |
| <i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i> | 1 | |
| <i>dilTIAZem HCl Oral</i> | 1 | |
| <i>Dilt-XR</i> | 1 | |
| <i>Felodipine ER</i> | 1 | |
| <i>NIFEdipine ER</i> | 1 | |
| <i>NIFEdipine ER Osmotic Release</i> | 1 | |
| <i>niMODipine Oral</i> | 1 | |
| TAZTIA XT | 1 | |
| TIADYLT ER | 1 | |
| <i>Verapamil HCl ER</i> | 1 | |
| <i>Verapamil HCl Oral</i> | 1 | |
| Cardiac Drugs, Miscellaneous | | |
| CORLANOR ORAL SOLUTION | 1 | PA; QL (450 ML per 30 days) |
| DIGITEK | 1 | |
| DIGOX | 1 | |
| <i>Digoxin Oral Solution</i> | 1 | |
| <i>Digoxin Oral Tablet 125 MCG, 250 MCG</i> | 1 | |
| <i>Droxidopa</i> | 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) |
| <i>Ivabradine HCl</i> | 1 | PA; QL (60 EA per 30 days) |
| <i>Midodrine HCl</i> | 1 | |
| <i>Pentoxifylline ER</i> | 1 | |
| <i>Ranolazine ER</i> | 1 | QL (60 EA per 30 days) |
| 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) |

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 |
|--|------------------|--|
| Hypotensive Agents | | |
| <i>cloNIDine</i> | 1 | |
| <i>cloNIDine HCl Oral</i> | 1 | |
| <i>Diazoxide Oral</i> | 1 | |
| <i>guanFACINE HCl Oral</i> | 1 | PA |
| <i>hydrALAZINE HCl Oral</i> | 1 | |
| <i>Minoxidil Oral</i> | 1 | |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>Benazepril HCl Oral</i> | 1 | |
| <i>Benazepril-hydroCHLOROthiazide</i> | 1 | |
| <i>Candesartan Cilexetil</i> | 1 | |
| <i>Candesartan Cilexetil-HCTZ</i> | 1 | |
| <i>Captopril Oral</i> | 1 | |
| <i>Enalapril Maleate Oral Tablet</i> | 1 | |
| <i>Enalapril-Hydrochlorothiazide</i> | 1 | |
| <i>Eplerenone</i> | 1 | |
| FILSPARI | 1 | PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| <i>Fosinopril Sodium</i> | 1 | |
| <i>Fosinopril Sodium-HCTZ</i> | 1 | |
| <i>Irbesartan</i> | 1 | |
| <i>Irbesartan-hydroCHLOROthiazide</i> | 1 | |
| KERENDIA | 1 | QL (30 EA per 30 days) |
| <i>Lisinopril Oral</i> | 1 | |
| <i>Lisinopril-hydroCHLOROthiazide</i> | 1 | |
| <i>Losartan Potassium Oral</i> | 1 | |
| <i>Losartan Potassium-HCTZ</i> | 1 | |
| <i>Olmесartan Medoxomil-HCTZ</i> | 1 | QL (30 EA per 30 days) |
| <i>Quinapril HCl</i> | 1 | |
| <i>Quinapril-hydroCHLOROthiazide</i> | 1 | |
| <i>Ramipril</i> | 1 | |
| <i>Spironolactone Oral Tablet</i> | 1 | |
| <i>Spironolactone-HCTZ</i> | 1 | |
| <i>Trandolapril</i> | 1 | |
| <i>Valsartan Oral Tablet</i> | 1 | |
| <i>Valsartan-hydroCHLOROthiazide</i> | 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 |
|---|------------------|--|
| Vasodilating Agents | | |
| ALYQ | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Ambrisentan</i> | 1 | PA; *; Not available at mail-order; QL (30 EA per 30 days); NEDS |
| <i>Aspirin-Dipyridamole ER</i> | 1 | QL (60 EA per 30 days) |
| <i>Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG</i> | 1 | |
| <i>Isosorbide Mononitrate</i> | 1 | |
| <i>Isosorbide Mononitrate ER</i> | 1 | |
| NITRO-BID | 1 | |
| <i>Nitroglycerin Sublingual</i> | 1 | |
| <i>Nitroglycerin Transdermal Patch 24 Hour</i> | 1 | |
| <i>Nitroglycerin Translingual Solution</i> | 1 | |
| NITROMIST | 1 | |
| <i>Sildenafil Citrate Oral Tablet 20 MG</i> | 1 | PA; *; Not available at mail-order; QL (90 EA per 30 days) |
| <i>Tadalafil (PAH)</i> | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Tadalafil Oral Tablet 5 MG</i> | 1 | PA; QL (30 EA per 30 days) |
| Central Nervous System Agents | | |
| Anorexigenic Agents And Respiratory And Cns Stimulants | | |
| <i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 30 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 5 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Amphetamine-Dextroamphetamine Oral Tablet 12.5 MG, 15 MG, 20 MG, 30 MG, 7.5 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Armodafinil</i> | 1 | PA; QL (30 EA per 30 days) |
| <i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG</i> | 1 | 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 |
|---|------------------|--|
| <i>Dextroamphetamine Sulfate Oral Tablet 10 MG</i> | 1 | QL (180 EA per 30 days) |
| <i>Dextroamphetamine Sulfate Oral Tablet 5 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Modafinil Oral</i> | 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 |
| <i>carBAMazepine ER</i> | 1 | |
| <i>carBAMazepine Oral Suspension 100 MG/5ML</i> | 1 | |
| <i>carBAMazepine Oral Tablet</i> | 1 | |
| <i>carBAMazepine Oral Tablet Chewable</i> | 1 | |
| <i>cloBAZam</i> | 1 | |
| <i>clonazepam Oral Tablet 0.5 MG, 1 MG</i> | 1 | PA (NS); QL (90 EA per 30 days); NEDS |
| <i>clonazepam Oral Tablet 2 MG</i> | 1 | PA (NS); QL (300 EA per 30 days); NEDS |
| <i>clonazepam Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i> | 1 | PA (NS); QL (90 EA per 30 days); NEDS |
| <i>clonazepam Oral Tablet Dispersible 2 MG</i> | 1 | PA (NS); QL (300 EA per 30 days); NEDS |
| <i>Clorazepate Dipotassium Oral Tablet 15 MG</i> | 1 | PA (NS); QL (180 EA per 30 days) |
| <i>Clorazepate Dipotassium Oral Tablet 3.75 MG</i> | 1 | PA (NS); QL (720 EA per 30 days) |
| <i>Clorazepate Dipotassium Oral Tablet 7.5 MG</i> | 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) |
| <i>diazepam Oral Concentrate</i> | 1 | PA (NS); QL (240 ML per 30 days) |
| <i>diazepam Oral Solution 5 MG/5ML</i> | 1 | PA (NS); QL (1200 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 |
|--|------------------|---|
| <i>diazePAM Oral Tablet</i> | 1 | PA (NS); QL (120 EA per 30 days) |
| <i>diazePAM Rectal</i> | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | 1 | |
| <i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour</i> | 1 | |
| <i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i> | 1 | |
| <i>Divalproex Sodium Oral Tablet Delayed Release</i> | 1 | |
| EPIDIOLEX | 1 | PA (NS); *; Not available at mail-order; NEDS |
| EPITOL | 1 | |
| EPRONTIA | 1 | QL (480 ML per 30 days) |
| <i>Ethosuximide Oral</i> | 1 | |
| <i>Felbamate Oral Suspension</i> | 1 | NEDS |
| <i>Felbamate Oral Tablet</i> | 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 |
| <i>Gabapentin Oral Capsule 100 MG</i> | 1 | QL (1080 EA per 30 days) |
| <i>Gabapentin Oral Capsule 300 MG</i> | 1 | QL (360 EA per 30 days) |
| <i>Gabapentin Oral Capsule 400 MG</i> | 1 | QL (270 EA per 30 days) |
| <i>Gabapentin Oral Solution</i> | 1 | QL (2160 ML per 30 days) |
| <i>Gabapentin Oral Tablet 600 MG</i> | 1 | QL (180 EA per 30 days) |
| <i>Gabapentin Oral Tablet 800 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Lacosamide Intravenous</i> | 1 | QL (1200 ML per 30 days) |
| <i>Lacosamide Oral Solution</i> | 1 | QL (1200 ML per 30 days) |
| <i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Lacosamide Oral Tablet 50 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>lamoTRiGINE ER</i> | 1 | |
| <i>lamoTRiGINE Oral Tablet</i> | 1 | |
| <i>LamoTRiGINE Oral Tablet Chewable</i> | 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 |
|--|------------------|----------------------------------|
| <i>levETIRAcetam ER</i> | 1 | |
| <i>levETIRAcetam Oral Solution 100 MG/ML</i> | 1 | |
| <i>levETIRAcetam Oral Tablet</i> | 1 | |
| LIBERVANT | 1 | QL (10 EA per 30 days); NEDS |
| <i>Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)</i> | 1 | |
| <i>Methsuximide</i> | 1 | |
| MOTPOLY XR | 1 | ST (NS); QL (60 EA per 30 days) |
| NAYZILAM | 1 | NEDS |
| <i>OXcarbazepine</i> | 1 | |
| <i>PHENobarbital Oral Elixir</i> | 1 | PA (NS) |
| <i>PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG</i> | 1 | PA (NS); QL (90 EA per 30 days) |
| <i>PHENobarbital Oral Tablet 15 MG, 30 MG</i> | 1 | PA (NS); QL (180 EA per 30 days) |
| <i>PHENobarbital Oral Tablet 60 MG</i> | 1 | PA (NS); QL (120 EA per 30 days) |
| <i>PHENobarbital Oral Tablet 97.2 MG</i> | 1 | PA (NS); QL (60 EA per 30 days) |
| <i>Phenytoin Oral</i> | 1 | |
| <i>Phenytoin Sodium Extended</i> | 1 | |
| <i>Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</i> | 1 | PA (NS); QL (90 EA per 30 days) |
| <i>Pregabalin Oral Capsule 225 MG, 300 MG</i> | 1 | PA (NS); QL (60 EA per 30 days) |
| <i>Pregabalin Oral Solution</i> | 1 | PA (NS); QL (946 ML per 30 days) |
| <i>Primidone Oral Tablet 250 MG, 50 MG</i> | 1 | |
| ROWEEPRA ORAL TABLET 500 MG | 1 | |
| <i>Rufinamide Oral Suspension</i> | 1 | PA (NS); NEDS |
| <i>Rufinamide Oral Tablet 200 MG</i> | 1 | PA (NS) |
| <i>Rufinamide Oral Tablet 400 MG</i> | 1 | PA (NS); NEDS |
| SPRITAM | 1 | PA (NS) |
| SUBVENITE | 1 | |
| SYMPAZAN | 1 | |
| <i>tiaGABine HCl</i> | 1 | |
| <i>Topiramate Oral</i> | 1 | |
| <i>Valproic Acid Oral Capsule</i> | 1 | |
| <i>Valproic Acid Oral Solution 250 MG/5ML</i> | 1 | |
| VALTOCO 10 MG DOSE | 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 |
|--|------------------|--|
| VALTOCO 15 MG DOSE | 1 | |
| VALTOCO 20 MG DOSE | 1 | |
| VALTOCO 5 MG DOSE | 1 | |
| <i>Vigabatrin</i> | 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) |
| <i>Zonisamide Oral</i> | 1 | |
| ZTALMY | 1 | PA (NS); QL (1080 ML per 30 days); NEDS |
| Antidepressants | | |
| <i>Amitriptyline HCl Oral</i> | 1 | |
| <i>Amoxapine</i> | 1 | |
| AUVELITY | 1 | PA (NS); QL (60 EA per 30 days); NEDS |
| <i>buPROPion HCl ER (Smoking Det)</i> | 1 | |
| <i>buPROPion HCl ER (SR)</i> | 1 | |
| <i>buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i> | 1 | |
| <i>buPROPion HCl Oral</i> | 1 | |
| <i>Citalopram Hydrobromide Oral Solution</i> | 1 | |
| <i>Citalopram Hydrobromide Oral Tablet 10 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>Citalopram Hydrobromide Oral Tablet 20 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Citalopram Hydrobromide Oral Tablet 40 MG</i> | 1 | 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 |
|--|------------------|-------------------------------------|
| <i>clomiPRAMINE HCl Oral</i> | 1 | PA (NS) |
| <i>Desipramine HCl Oral</i> | 1 | |
| <i>Desvenlafaxine Succinate ER</i> | 1 | QL (30 EA per 30 days) |
| <i>Doxepin HCl Oral Capsule</i> | 1 | |
| <i>Doxepin HCl Oral Concentrate</i> | 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) |
| <i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Escitalopram Oxalate Oral Solution</i> | 1 | |
| <i>Escitalopram Oxalate Oral Tablet</i> | 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) |
| <i>FLUoxetine HCl Oral Capsule 10 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>FLUoxetine HCl Oral Capsule 20 MG, 40 MG</i> | 1 | |
| <i>FLUoxetine HCl Oral Solution</i> | 1 | |
| <i>fluvoxamine Maleate</i> | 1 | |
| <i>Imipramine HCl Oral</i> | 1 | |
| MARPLAN | 1 | QL (180 EA per 30 days) |
| <i>Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Mirtazapine Oral Tablet 7.5 MG</i> | 1 | |
| <i>Mirtazapine Oral Tablet Dispersible</i> | 1 | QL (30 EA per 30 days) |
| <i>Nefazodone HCl</i> | 1 | |
| <i>Nortriptyline HCl Oral</i> | 1 | |
| <i>OLANzapine-FLUoxetine HCl</i> | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG</i> | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG</i> | 1 | PA (NS); QL (60 EA per 30 days) |
| <i>PARoxetine HCl Oral Suspension</i> | 1 | PA (NS); QL (900 ML per 30 days) |
| <i>PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG</i> | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>PARoxetine HCl Oral Tablet 30 MG</i> | 1 | PA (NS); 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 |
|---|------------------|--|
| <i>Phenelzine Sulfate Oral</i> | 1 | |
| <i>Protriptyline HCl</i> | 1 | |
| <i>Sertraline HCl Oral Concentrate</i> | 1 | |
| <i>Sertraline HCl Oral Tablet</i> | 1 | |
| <i>Tranylcypromine Sulfate</i> | 1 | |
| <i>traZODone HCl Oral</i> | 1 | |
| <i>Trimipramine Maleate Oral Capsule 100 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i> | 1 | QL (120 EA per 30 days) |
| TRINTELLIX | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>Venlafaxine Besylate ER</i> | 1 | ST (NS); QL (60 EA per 30 days) |
| <i>Venlafaxine HCl</i> | 1 | |
| <i>Venlafaxine HCl ER</i> | 1 | |
| <i>Vilazodone HCl</i> | 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 |
| <i>Dihydroergotamine Mesylate Nasal</i> | 1 | PA; QL (8 ML per 28 days); NEDS |
| EMGALITY | 1 | PA; QL (2 ML per 30 days); NEDS |
| 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 |
| <i>Rizatriptan Benzoate</i> | 1 | QL (18 EA per 30 days) |
| <i>SUMAtriptan Nasal</i> | 1 | QL (12 EA per 30 days) |
| <i>SUMAtriptan Succinate Oral Tablet 100 MG</i> | 1 | QL (9 EA per 30 days) |
| <i>SUMAtriptan Succinate Oral Tablet 25 MG, 50 MG</i> | 1 | QL (18 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 |
|---|------------------|---|
| <i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i> | 1 | QL (9 ML per 30 days) |
| <i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i> | 1 | QL (4 ML per 30 days) |
| <i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i> | 1 | QL (4 ML per 30 days) |
| <i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i> | 1 | QL (9 ML per 30 days) |
| <i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML</i> | 1 | QL (4 ML per 30 days) |
| UBRELVY | 1 | PA; QL (16 EA per 30 days) |
| Antiparkinsonian Agents | | |
| <i>Amantadine HCl Oral Capsule</i> | 1 | QL (120 EA per 30 days) |
| <i>Amantadine HCl Oral Solution</i> | 1 | |
| <i>Amantadine HCl Oral Tablet</i> | 1 | |
| <i>Benzotropine Mesylate Oral</i> | 1 | PA |
| <i>Bromocriptine Mesylate Oral</i> | 1 | |
| <i>Carbidopa-Levodopa</i> | 1 | |
| <i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i> | 1 | |
| <i>Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG</i> | 1 | |
| EMSAM | 1 | QL (30 EA per 30 days); NEDS |
| <i>Entacapone</i> | 1 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 1 | ST; QL (60 EA per 30 days); NEDS |
| 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 |
| <i>Pramipexole Dihydrochloride</i> | 1 | |
| <i>Rasagiline Mesylate Oral</i> | 1 | QL (30 EA per 30 days) |
| <i>rOPINIRole HCl</i> | 1 | |
| <i>rOPINIRole HCl ER</i> | 1 | |
| <i>Selegiline HCl Oral</i> | 1 | |
| <i>Tolcapone</i> | 1 | |
| <i>Trihexyphenidyl HCl</i> | 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 |
|--|-----------|---------------------------------------|
| 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 |
| <i>ARIPiprazole Oral Solution</i> | 1 | QL (900 ML per 30 days) |
| <i>ARIPiprazole Oral Tablet 10 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>ARIPiprazole Oral Tablet 15 MG, 2 MG, 5 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>ARIPiprazole Oral Tablet 20 MG, 30 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>ARIPiprazole Oral Tablet Dispersible 10 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>ARIPiprazole Oral Tablet Dispersible 15 MG</i> | 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 |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | 1 | QL (3.2 ML per 28 days); NEDS |
| <i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG</i> | 1 | QL (240 EA per 30 days) |
| <i>Asenapine Maleate Sublingual Tablet Sublingual 5 MG</i> | 1 | QL (120 EA per 30 days) |
| CAPLYTA | 1 | QL (30 EA per 30 days); NEDS |
| <i>chlorproMAZINE HCl Oral</i> | 1 | PA (NS) |
| <i>cloZAPine</i> | 1 | PA (NS) |
| FANAPT | 1 | PA (NS); 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 |
|--|------------------|--------------------------------|
| FANAPT TITRATION PACK | 1 | PA (NS); QL (8 EA per 30 days) |
| <i>fluPHENAZine Decanoate Injection</i> | 1 | |
| <i>FluPHENAZine HCl Injection</i> | 1 | |
| <i>FluPHENAZine HCl Oral</i> | 1 | |
| <i>Haloperidol Decanoate Intramuscular</i> | 1 | |
| <i>Haloperidol Lactate</i> | 1 | |
| <i>Haloperidol Oral</i> | 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 |
| 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 |
| <i>Loxapine Succinate Oral</i> | 1 | PA (NS) |
| <i>Lurasidone HCl Oral Tablet 120 MG</i> | 1 | 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 |
|--|------------------|---|
| <i>Lurasidone HCl Oral Tablet 20 MG, 60 MG, 80 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Lurasidone HCl Oral Tablet 40 MG</i> | 1 | QL (120 EA per 30 days); NEDS |
| LYBALVI | 1 | PA (NS); QL (30 EA per 30 days); NEDS |
| <i>Molindone HCl</i> | 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 |
| <i>OLANzapine Intramuscular</i> | 1 | QL (3 EA per 1 day) |
| <i>OLANzapine Oral Tablet 10 MG, 2.5 MG</i> | 1 | PA (NS); QL (60 EA per 30 days) |
| <i>OLANzapine Oral Tablet 15 MG, 20 MG, 7.5 MG</i> | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>OLANzapine Oral Tablet 5 MG</i> | 1 | PA (NS); QL (120 EA per 30 days) |
| <i>OLANzapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG</i> | 1 | PA (NS); QL (30 EA per 30 days) |
| <i>OLANzapine Oral Tablet Dispersible 5 MG</i> | 1 | PA (NS); QL (120 EA per 30 days) |
| <i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Perphenazine Oral</i> | 1 | PA (NS) |
| PERSERIS | 1 | QL (1 EA per 28 days); NEDS |
| <i>Pimozide</i> | 1 | |
| <i>QUetiapine Fumarate ER</i> | 1 | QL (60 EA per 30 days) |
| <i>QUetiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>QUetiapine Fumarate Oral Tablet 150 MG</i> | 1 | QL (150 EA per 30 days) |
| <i>QUetiapine Fumarate Oral Tablet 25 MG</i> | 1 | QL (360 EA per 30 days) |
| <i>QUetiapine Fumarate Oral Tablet 300 MG, 400 MG</i> | 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 |

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 |
|---|------------------|--|
| <i>risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG</i> | 1 | QL (2 EA per 28 days) |
| <i>risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG, 50 MG</i> | 1 | QL (2 EA per 28 days); NEDS |
| <i>risperiDONE Oral Solution</i> | 1 | QL (480 ML per 30 days) |
| <i>risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>risperiDONE Oral Tablet 1 MG, 4 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>risperiDONE Oral Tablet 3 MG</i> | 1 | QL (150 EA per 30 days) |
| <i>risperiDONE Oral Tablet Dispersible 0.25 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>RisperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>RisperiDONE Oral Tablet Dispersible 1 MG, 4 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>risperiDONE Oral Tablet Dispersible 3 MG</i> | 1 | QL (150 EA per 30 days) |
| SECUADO | 1 | QL (30 EA per 30 days); NEDS |
| <i>Thioridazine HCl Oral</i> | 1 | PA (NS) |
| <i>Thiothixene Oral</i> | 1 | |
| <i>Trifluoperazine HCl Oral</i> | 1 | PA (NS) |
| 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 |
| <i>Ziprasidone HCl Oral Capsule 20 MG, 40 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Ziprasidone HCl Oral Capsule 60 MG, 80 MG</i> | 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 |
|--|------------------|--|
| <i>Ziprasidone Mesylate</i> | 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) |
| <i>busPIRone HCl Oral</i> | 1 | |
| <i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i> | 1 | PA; QL (180 EA per 30 days) |
| <i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i> | 1 | PA; QL (180 EA per 30 days) |
| DAYVIGO | 1 | QL (30 EA per 30 days); NEDS |
| <i>Doxepin HCl Oral Tablet</i> | 1 | PA; QL (30 EA per 30 days) |
| HETLIOZ LQ | 1 | PA; NEDS |
| <i>hydrOXYzine HCl Oral Syrup</i> | 1 | PA (NS) |
| <i>hydrOXYzine HCl Oral Tablet</i> | 1 | PA (NS) |
| <i>HydrOXYzine Pamoate Oral</i> | 1 | PA (NS) |
| <i>Tasimelteon</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Temazepam Oral Capsule 15 MG, 30 MG</i> | 1 | PA (NS); QL (30 EA per 30 days); NEDS |
| TENCON ORAL TABLET 50-325 MG | 1 | PA; QL (180 EA per 30 days) |
| <i>Zaleplon</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>Zolpidem Tartrate Oral Tablet</i> | 1 | QL (30 EA per 30 days); NEDS |
| Benzodiazepines (Anxiolytic, Sedativ/Hyp) | | |
| <i>ALPRAZolam ER</i> | 1 | PA (NS); QL (90 EA per 30 days); NEDS |
| ALPRAZOLAM INTENSOL | 1 | PA (NS); QL (300 ML per 30 days); NEDS |
| <i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG</i> | 1 | PA (NS); QL (120 EA per 30 days); NEDS |
| <i>ALPRAZolam Oral Tablet 2 MG</i> | 1 | PA (NS); QL (150 EA per 30 days); NEDS |
| <i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG</i> | 1 | PA (NS); 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 |
|---|------------------|---|
| <i>ALPRAZolam Oral Tablet Dispersible 2 MG</i> | 1 | PA (NS); QL (150 EA per 30 days); NEDS |
| <i>ALPRAZolam XR</i> | 1 | PA (NS); QL (90 EA per 30 days); NEDS |
| LORAZEPAM INTENSOL | 1 | PA (NS); QL (150 ML per 30 days); NEDS |
| <i>LORazepam Oral Concentrate 1 MG/0.5ML</i> | 1 | PA (NS); QL (150 EA per 30 days); NEDS |
| <i>LORazepam Oral Tablet</i> | 1 | PA (NS); QL (120 EA per 30 days); NEDS |
| Central Nervous System Agents, Misc. | | |
| <i>Acamprosate Calcium</i> | 1 | |
| <i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG, 80 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Atomoxetine HCl Oral Capsule 40 MG</i> | 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 |
| 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 | 1 | PA; QL (240 ML per 30 days); NEDS |
| <i>guanFACINE HCl ER</i> | 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 |

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 |
|---|------------------|---|
| <i>Lithium</i> | 1 | |
| <i>Lithium Carbonate ER</i> | 1 | |
| <i>Lithium Carbonate Oral</i> | 1 | |
| <i>Memantine HCl Oral Solution 2 MG/ML</i> | 1 | QL (300 ML per 30 days) |
| <i>Memantine HCl Oral Tablet 10 MG, 5 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG</i> | 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 |
| <i>Riluzole</i> | 1 | |
| <i>Sodium Oxybate</i> | 1 | PA; QL (540 ML per 30 days); NEDS |
| <i>Tetrabenazine Oral Tablet 12.5 MG</i> | 1 | PA; *; Not available at mail-order; QL (240 EA per 30 days); NEDS |
| <i>Tetrabenazine Oral Tablet 25 MG</i> | 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) |
| <i>Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Celecoxib Oral Capsule 400 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Diclofenac Potassium Oral Tablet 50 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Diclofenac Sodium ER</i> | 1 | |
| <i>Diclofenac Sodium External Solution 1.5 %</i> | 1 | |
| <i>Diclofenac Sodium Oral</i> | 1 | |
| <i>DiFlunisal Oral</i> | 1 | |
| <i>EC-Naproxen</i> | 1 | |
| <i>Etodolac ER</i> | 1 | |
| <i>Etodolac Oral</i> | 1 | |
| <i>Flurbiprofen Oral Tablet 100 MG</i> | 1 | |
| IBU | 1 | |
| <i>Ibuprofen Oral Suspension</i> | 1 | |
| <i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i> | 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 |
|---|------------------|-----------------------------------|
| <i>Meloxicam Oral Tablet</i> | 1 | |
| <i>Nabumetone Oral</i> | 1 | |
| <i>Naproxen DR Oral Tablet Delayed Release 500 MG</i> | 1 | |
| <i>Naproxen Oral Tablet</i> | 1 | |
| <i>Naproxen Oral Tablet Delayed Release</i> | 1 | |
| <i>Naproxen Sodium Oral Tablet 275 MG, 550 MG</i> | 1 | |
| <i>Piroxicam Oral</i> | 1 | |
| RELAFEN | 1 | |
| <i>Sulindac Oral</i> | 1 | |
| Opiate Agonists | | |
| <i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML</i> | 1 | QL (2700 ML per 30 days); NEDS |
| <i>Acetaminophen-Codeine Oral Tablet</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>Butorphanol Tartrate Nasal</i> | 1 | NEDS |
| <i>Codeine Sulfate Oral Tablet</i> | 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 |
| <i>fentaNYL</i> | 1 | QL (10 EA per 30 days); NEDS |
| <i>fentaNYL Citrate Buccal Lozenge On A Handle</i> | 1 | PA; QL (120 EA per 30 days); NEDS |
| <i>HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG</i> | 1 | QL (150 EA per 30 days); NEDS |
| <i>HYDROmorphine HCl Injection Solution 1 MG/ML, 4 MG/ML</i> | 1 | NEDS |
| <i>HYDROmorphine HCl Oral Liquid</i> | 1 | QL (1500 ML per 30 days); NEDS |
| <i>HYDROmorphine HCl Oral Tablet</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>HYDROmorphine HCl PF Injection Solution 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1 | B/D; NEDS |
| <i>Methadone HCl Oral Solution</i> | 1 | QL (450 ML per 30 days); NEDS |
| <i>Methadone HCl Oral Tablet</i> | 1 | QL (300 EA per 30 days); NEDS |
| <i>Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML, 20 MG/ML</i> | 1 | QL (180 ML per 30 days); NEDS |
| <i>Morphine Sulfate ER Oral Tablet Extended Release</i> | 1 | QL (90 EA per 30 days); NEDS |
| <i>Morphine Sulfate Intravenous Solution 1 MG/ML, 50 MG/ML</i> | 1 | B/D; 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 |
|--|------------------|--------------------------------|
| <i>Morphine Sulfate Oral Solution</i> | 1 | QL (1000 ML per 30 days); NEDS |
| <i>Morphine Sulfate Oral Tablet</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>OxyCODONE HCl Oral Capsule</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i> | 1 | QL (180 ML per 30 days); NEDS |
| <i>oxyCODONE HCl Oral Solution</i> | 1 | QL (3600 ML per 30 days); NEDS |
| <i>oxyCODONE HCl Oral Tablet</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i> | 1 | QL (180 EA per 30 days); NEDS |
| <i>Oxymorphone HCl</i> | 1 | QL (120 EA per 30 days); NEDS |
| <i>oxyMORphone HCl ER</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 100 MG</i> | 1 | QL (90 EA per 30 days); NEDS |
| <i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i> | 1 | QL (90 EA per 30 days); NEDS |
| <i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>traMADol HCl Oral Tablet 50 MG</i> | 1 | QL (240 EA per 30 days); NEDS |
| <i>traMADol-Acetaminophen</i> | 1 | QL (240 EA per 30 days); NEDS |
| Opiate Antagonists | | |
| KLOXXADO | 1 | |
| <i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i> | 1 | |
| <i>Naloxone HCl Injection Solution Cartridge</i> | 1 | |
| <i>Naloxone HCl Injection Solution Prefilled Syringe</i> | 1 | |
| <i>Naloxone HCl Nasal</i> | 1 | |
| <i>Naltrexone HCl Oral</i> | 1 | |
| OPVEE | 1 | |
| ZIMHI | 1 | |
| Opiate Partial Agonists | | |
| <i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG</i> | 1 | QL (90 EA per 30 days); NEDS |
| <i>Buprenorphine HCl Sublingual Tablet Sublingual 8 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Buprenorphine HCl-Naloxone HCl Sublingual Film</i> | 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 |
|--|------------------|--|
| <i>Buprenorphine Transdermal</i> | 1 | QL (4 EA per 28 days); NEDS |
| LUCEMYRA | 1 | QL (224 EA per 30 days); NEDS |
| <i>Pentazocine-Naloxone HCl</i> | 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 | | |
| <i>Dexmethylphenidate HCl</i> | 1 | QL (60 EA per 30 days) |
| <i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG</i> | 1 | QL (60 EA per 30 days); NEDS |
| <i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 36 MG, 54 MG, 72 MG</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>Methylphenidate HCl ER Oral Tablet Extended Release 20 MG</i> | 1 | QL (90 EA per 30 days); NEDS |
| <i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour</i> | 1 | QL (30 EA per 30 days); NEDS |
| <i>Methylphenidate HCl Oral Tablet 10 MG, 5 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>Methylphenidate HCl Oral Tablet 20 MG</i> | 1 | QL (90 EA per 30 days); NEDS |
| Electrolytic, Caloric, And Water Balance | | |
| Ammonia Detoxicants | | |
| <i>Carglumic Acid Oral Tablet Soluble</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Constulose</i> | 1 | |
| <i>Enulose</i> | 1 | |
| <i>Generlac</i> | 1 | |
| <i>Lactulose Encephalopathy</i> | 1 | |
| <i>Lactulose Oral Solution</i> | 1 | |
| RAVICTI | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i> | 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 |
|--|------------------|-----------------------------|
| Caloric Agents | | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 % | 1 | B/D |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 1 | B/D |
| CLINOLIPID | 1 | B/D |
| <i>Dextrose Intravenous Solution 10 %, 250 MG/ML, 5 %, 50 %, 70 %</i> | 1 | |
| <i>Dextrose-Sodium Chloride Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i> | 1 | |
| INTRALIPID | 1 | B/D |
| NUTRILIPID | 1 | B/D |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 1 | B/D |
| TRAVASOL | 1 | B/D |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 1 | B/D |
| Diuretics | | |
| <i>aMILoride HCl Oral</i> | 1 | |
| <i>aMILoride-hydroCHLOROthiazide</i> | 1 | |
| <i>Bumetanide Injection</i> | 1 | |
| <i>Bumetanide Oral</i> | 1 | |
| <i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i> | 1 | |
| DIURIL | 1 | |
| <i>Furosemide Injection</i> | 1 | |
| <i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i> | 1 | |
| <i>Furosemide Oral Tablet</i> | 1 | |
| <i>hydroCHLOROthiazide Oral</i> | 1 | |
| <i>Indapamide Oral</i> | 1 | |
| <i>metOLazone</i> | 1 | |
| <i>Torsemide Oral</i> | 1 | |
| <i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i> | 1 | |
| <i>Triamterene-HCTZ Oral Tablet</i> | 1 | |
| Ion-Removing Agents | | |
| AURYXIA | 1 | PA; QL (360 EA per 30 days) |
| KIONEX COMBINATION | 1 | |
| KIONEX ORAL SUSPENSION | 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 |
|---|------------------|----------------------------|
| LOKELMA ORAL PACKET 10 GM | 1 | QL (34 EA per 30 days) |
| LOKELMA ORAL PACKET 5 GM | 1 | QL (30 EA per 30 days) |
| <i>Sodium Polystyrene Sulfonate Oral Powder</i> | 1 | |
| SPS | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) | 1 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 1 | QL (30 EA per 30 days) |
| Replacement Preparations | | |
| <i>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-%-%</i> | 1 | B/D |
| KLOR-CON 10 | 1 | |
| KLOR-CON M10 | 1 | |
| KLOR-CON M15 | 1 | |
| KLOR-CON M20 | 1 | |
| KLOR-CON ORAL PACKET 20 MEQ | 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 1 | |
| <i>Potassium Chloride Crys ER</i> | 1 | |
| <i>Potassium Chloride ER</i> | 1 | |
| <i>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</i> | 1 | |
| <i>Potassium Chloride Oral Packet</i> | 1 | |
| <i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i> | 1 | |
| <i>Potassium Citrate ER</i> | 1 | |
| <i>Sodium Chloride (PF)</i> | 1 | |
| <i>Sodium Chloride Injection Solution 2.5 MEQ/ML</i> | 1 | |
| <i>Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i> | 1 | |
| <i>Sodium Chloride Irrigation Solution 0.9 %</i> | 1 | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 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 |
|--|-----------|-------------------------|
| Eye, Ear, Nose, And Throat (Eent) Preparations | | |
| Antiallergic Agents | | |
| <i>Azelastine HCl Nasal Solution 0.1 %, 0.15 %</i> | 1 | |
| <i>Azelastine HCl Ophthalmic</i> | 1 | |
| <i>Cromolyn Sodium Ophthalmic</i> | 1 | |
| <i>Epinastine HCl</i> | 1 | |
| <i>Olopatadine HCl Ophthalmic</i> | 1 | |
| Antiglaucoma Agents | | |
| <i>acetaZOLAMIDE ER</i> | 1 | |
| <i>acetaZOLAMIDE Oral</i> | 1 | |
| <i>Betaxolol HCl Ophthalmic</i> | 1 | |
| BETOPTIC-S | 1 | |
| <i>Brimonidine Tartrate Ophthalmic</i> | 1 | |
| <i>Brimonidine Tartrate-Timolol</i> | 1 | |
| <i>Brinzolamide</i> | 1 | |
| COMBIGAN | 1 | |
| <i>Dorzolamide HCl Ophthalmic</i> | 1 | |
| <i>Dorzolamide HCl-Timolol Mal</i> | 1 | |
| <i>Latanoprost Ophthalmic</i> | 1 | |
| <i>Levobunolol HCl Ophthalmic Solution 0.5 %</i> | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 1 | QL (5 ML per 25 days) |
| <i>methazolAMIDE Oral</i> | 1 | |
| <i>Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %</i> | 1 | |
| RHOPRESSA | 1 | PA |
| ROCKLATAN | 1 | QL (2.5 ML per 30 days) |
| SIMBRINZA | 1 | |
| <i>Timolol Maleate Ophthalmic</i> | 1 | |
| VYZULTA | 1 | QL (5 ML per 25 days) |
| Anti-Infectives (Eent) | | |
| ACETASOL HC | 1 | |
| <i>Acetic Acid Otic</i> | 1 | |
| <i>AK-Poly-Bac</i> | 1 | |
| <i>Antibiotic Ear</i> | 1 | |
| <i>Bacitracin Ophthalmic</i> | 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 |
|--|------------------|----------------------------|
| <i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i> | 1 | |
| <i>Bacitra-Neomycin-Polymyxin-HC</i> | 1 | |
| <i>Chlorhexidine Gluconate Mouth/Throat</i> | 1 | |
| CILOXAN OPHTHALMIC OINTMENT | 1 | |
| <i>Ciprofloxacin HCl Ophthalmic</i> | 1 | |
| <i>Ciprofloxacin-Dexamethasone</i> | 1 | |
| <i>Erythromycin Ophthalmic</i> | 1 | |
| <i>Gentamicin Sulfate Ophthalmic Solution</i> | 1 | |
| <i>Hydrocortisone-Acetic Acid</i> | 1 | |
| <i>levoFLOXacin Ophthalmic Solution 0.5 %</i> | 1 | |
| <i>Moxifloxacin HCl Ophthalmic Solution</i> | 1 | |
| NATACYN | 1 | |
| <i>Neomycin-Bacitracin Zn-Polymyx</i> | 1 | |
| <i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i> | 1 | |
| <i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i> | 1 | |
| <i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i> | 1 | |
| <i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i> | 1 | |
| <i>Neomycin-Polymyxin-HC Otic Solution 1 %</i> | 1 | |
| <i>Neomycin-Polymyxin-HC Otic Suspension</i> | 1 | |
| NEO-POLYCIN | 1 | |
| NEO-POLYCIN HC | 1 | |
| <i>Ofloxacin Ophthalmic</i> | 1 | |
| <i>Ofloxacin Otic</i> | 1 | |
| PAROEX | 1 | |
| PERIOGARD | 1 | |
| POLYCIN | 1 | |
| <i>Polymyxin B-Trimethoprim</i> | 1 | |
| <i>Sulfacetamide Sodium Ophthalmic</i> | 1 | |
| <i>Sulfacetamide-prednisoLONE Ophthalmic Solution</i> | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 1 | |
| <i>Tobramycin Ophthalmic</i> | 1 | |
| <i>Tobramycin-Dexamethasone</i> | 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 |
|---|------------------|----------------------------------|
| <i>Trifluridine Ophthalmic</i> | 1 | |
| ZIRGAN | 1 | |
| Anti-Inflammatory Agents (Eent) | | |
| <i>Dexamethasone Sodium Phosphate Ophthalmic</i> | 1 | |
| <i>Diclofenac Sodium Ophthalmic</i> | 1 | |
| <i>Difluprednate</i> | 1 | |
| <i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i> | 1 | QL (75 ML per 30 days) |
| <i>Fluorometholone Ophthalmic</i> | 1 | |
| <i>Flurbiprofen Sodium</i> | 1 | |
| <i>Fluticasone Propionate Nasal</i> | 1 | QL (16 GM per 30 days) |
| FML FORTE | 1 | |
| <i>Ketorolac Tromethamine Ophthalmic</i> | 1 | |
| MAXIDEX | 1 | |
| MIEBO | 1 | QL (12 ML per 30 days); NEDS |
| <i>Mometasone Furoate Nasal</i> | 1 | ST; QL (34 GM per 30 days) |
| PRED MILD | 1 | |
| <i>prednisoLONE Acetate Ophthalmic</i> | 1 | |
| <i>PrednisoLONE Sodium Phosphate Ophthalmic</i> | 1 | |
| 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 | | |
| <i>Apraclonidine HCl</i> | 1 | |
| <i>Carteolol HCl</i> | 1 | |
| CYSTARAN | 1 | NEDS |
| <i>Ipratropium Bromide Nasal</i> | 1 | QL (30 ML per 30 days) |
| <i>Lidocaine HCl External Solution</i> | 1 | |
| <i>Lidocaine Viscous HCl</i> | 1 | |
| XDEMVIY | 1 | PA; QL (10 ML per 42 days); NEDS |
| Local Anesthetics (Eent) | | |
| <i>Proparacaine HCl Ophthalmic</i> | 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 |
|--|------------------|----------------------------------|
| Gastrointestinal Drugs | | |
| Antidiarrhea Agents | | |
| <i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i> | 1 | PA; NEDS |
| <i>Loperamide HCl Oral Capsule</i> | 1 | |
| XERMELO | 1 | PA; QL (84 EA per 28 days); NEDS |
| Antiemetics | | |
| <i>Aprepitant Oral Capsule 125 MG</i> | 1 | B/D; QL (2 EA per 30 days) |
| <i>Aprepitant Oral Capsule 40 MG, 80 MG</i> | 1 | B/D; QL (4 EA per 30 days) |
| <i>Aprepitant Oral Capsule 80 & 125 MG</i> | 1 | B/D; QL (6 EA per 30 days) |
| COMPRO | 1 | NEDS |
| <i>Dronabinol</i> | 1 | PA; QL (60 EA per 30 days) |
| EMEND ORAL SUSPENSION RECONSTITUTED | 1 | B/D |
| <i>Granisetron HCl Oral</i> | 1 | B/D |
| <i>Meclizine HCl Oral Tablet 12.5 MG</i> | 1 | |
| <i>Meclizine HCl Oral Tablet 25 MG</i> | 1 | NEDS |
| <i>Ondansetron HCl Oral Solution</i> | 1 | B/D |
| <i>Ondansetron HCl Oral Tablet 4 MG, 8 MG</i> | 1 | B/D |
| <i>Ondansetron Oral Tablet Dispersible 4 MG, 8 MG</i> | 1 | B/D |
| <i>Prochlorperazine</i> | 1 | NEDS |
| <i>Prochlorperazine Maleate Oral</i> | 1 | NEDS |
| <i>Promethazine HCl Rectal Suppository 12.5 MG, 25 MG</i> | 1 | NEDS |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG | 1 | PA; NEDS |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG | 1 | NEDS |
| <i>Scopolamine</i> | 1 | QL (10 EA per 30 days); NEDS |
| Anti-Inflammatory Agents (Gi Drugs) | | |
| <i>Balsalazide Disodium</i> | 1 | |
| <i>Mesalamine ER Oral Capsule Extended Release 24 Hour</i> | 1 | QL (120 EA per 30 days) |
| <i>Mesalamine Oral Capsule Delayed Release</i> | 1 | QL (180 EA per 30 days) |
| <i>Mesalamine Oral Tablet Delayed Release</i> | 1 | |
| <i>Mesalamine Rectal Enema</i> | 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 |
|--|------------------|--|
| <i>Mesalamine-Cleanser</i> | 1 | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>Amoxicill-Clarithro-Lansopraz Oral Therapy Pack</i> | 1 | |
| CARAFATE ORAL SUSPENSION | 1 | |
| <i>Cimetidine HCl Oral Solution 300 MG/5ML</i> | 1 | |
| <i>Cimetidine Oral</i> | 1 | |
| <i>Dexlansoprazole</i> | 1 | ST; QL (30 EA per 30 days) |
| <i>Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG</i> | 1 | ST; QL (30 EA per 30 days) |
| <i>Esomeprazole Magnesium Oral Capsule Delayed Release 40 MG</i> | 1 | ST; QL (60 EA per 30 days) |
| <i>Famotidine Oral Tablet 20 MG, 40 MG</i> | 1 | |
| <i>Lansoprazole Oral Capsule Delayed Release</i> | 1 | QL (60 EA per 30 days) |
| <i>miSOPROStol Oral</i> | 1 | |
| <i>Omeprazole Oral Capsule Delayed Release</i> | 1 | QL (60 EA per 30 days) |
| <i>Pantoprazole Sodium Oral Tablet Delayed Release</i> | 1 | QL (60 EA per 30 days) |
| <i>RABEprazole Sodium Oral Tablet Delayed Release</i> | 1 | QL (60 EA per 30 days) |
| <i>Sucralfate Oral</i> | 1 | |
| Gi Drugs, Miscellaneous | | |
| <i>Alosetron HCl</i> | 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) |
| <i>Metoclopramide HCl Oral Solution 10 MG/10ML, 5 MG/5ML</i> | 1 | |
| <i>Metoclopramide HCl Oral Tablet</i> | 1 | |
| MOVANTIK | 1 | 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 |
|---|------------------|---|
| <i>PEG 3350-KCl-Na Bicarb-NaCl</i> | 1 | |
| <i>PEG-3350/Electrolytes</i> | 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 |
| <i>Ursodiol Oral Capsule 300 MG</i> | 1 | |
| <i>Ursodiol Oral Tablet</i> | 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 |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| CHEMET | 1 | |
| <i>Deferasirox Oral Tablet Soluble 125 MG</i> | 1 | PA; *; Not available at mail-order |
| <i>Deferasirox Oral Tablet Soluble 250 MG, 500 MG</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Deferiprone</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>penicillAMINE Oral Tablet</i> | 1 | *; Not available at mail-order; NEDS |
| <i>Trientine HCl Oral Capsule 250 MG</i> | 1 | PA; *; Not available at mail-order; QL (240 EA per 30 days); NEDS |
| <i>Trientine HCl Oral Capsule 500 MG</i> | 1 | PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS |
| Hormones And Synthetic Substitutes | | |
| Adrenals | | |
| <i>Budesonide ER Oral Tablet Extended Release 24 Hour</i> | 1 | PA; 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 |
|--|------------------|-----------------------------|
| <i>Budesonide Oral</i> | 1 | |
| <i>Dexamethasone Oral Elixir</i> | 1 | |
| <i>Dexamethasone Oral Solution</i> | 1 | |
| <i>dexAMETHasone Oral Tablet</i> | 1 | |
| EOHILIA | 1 | PA; QL (600 ML per 30 days) |
| <i>Fludrocortisone Acetate Oral</i> | 1 | |
| <i>Hydrocortisone Oral</i> | 1 | |
| <i>methylPREDNISolone Oral</i> | 1 | |
| MILLIPRED ORAL TABLET | 1 | |
| <i>prednisoLONE Oral Solution</i> | 1 | |
| <i>prednisoLONE Oral Tablet</i> | 1 | |
| <i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML</i> | 1 | |
| PREDNISON INTENSOL | 1 | |
| <i>PredniSONE Oral Solution</i> | 1 | |
| <i>predniSONE Oral Tablet</i> | 1 | |
| <i>predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)</i> | 1 | |
| Androgens | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 1 | QL (30 EA per 30 days) |
| <i>Danazol Oral</i> | 1 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 1 | |
| <i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML, 200 MG/ML (1 ML)</i> | 1 | |
| <i>Testosterone Enanthate Intramuscular Solution</i> | 1 | |
| <i>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%)</i> | 1 | |
| <i>Testosterone Transdermal Solution</i> | 1 | QL (180 ML per 30 days) |
| Antidiabetic Agents | | |
| <i>Acarbose Oral Tablet 100 MG, 50 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>Acarbose Oral Tablet 25 MG</i> | 1 | |
| BASAGLAR KWIKPEN | 1 | QL (30 ML per 30 days) |
| BASAGLAR TEMPO PEN | 1 | QL (30 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 |
|---|------------------|------------------------------|
| 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) |
| <i>Glimepiride Oral Tablet 1 MG, 4 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Glimepiride Oral Tablet 2 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>glipiZIDE Oral Tablet 10 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>glipiZIDE Oral Tablet 2.5 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>glipiZIDE Oral Tablet 5 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>GlipiZIDE XL Oral Tablet Extended Release 24 Hour 10 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>GlipiZIDE XL Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-500 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG</i> | 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 |
| <i>Insulin Asp Prot & Asp FlexPen</i> | 1 | QL (30 ML per 30 days) |
| <i>Insulin Aspart FlexPen</i> | 1 | QL (30 ML per 30 days) |
| <i>Insulin Aspart Injection</i> | 1 | QL (30 ML per 30 days) |
| <i>Insulin Aspart PenFill</i> | 1 | QL (30 ML per 30 days) |
| <i>Insulin Aspart Prot & Aspart</i> | 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) |

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 |
|---|------------------|-----------------------------|
| 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) |
| <i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>metFORMIN HCl Oral Tablet 1000 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>metFORMIN HCl Oral Tablet 500 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>metFORMIN HCl Oral Tablet 850 MG</i> | 1 | QL (90 EA per 30 days) |
| <i>Miglitol</i> | 1 | QL (90 EA per 30 days) |
| 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) |

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 |
|---|------------------|---------------------------------------|
| 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) |
| <i>Pioglitazone HCl</i> | 1 | QL (30 EA per 30 days) |
| <i>Pioglitazone HCl-Glimepiride</i> | 1 | QL (30 EA per 30 days) |
| <i>Pioglitazone HCl-metFORMIN HCl</i> | 1 | QL (90 EA per 30 days) |
| RYBELSUS | 1 | PA; QL (30 EA per 30 days) |
| 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) |
| 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 | |

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 |
|---|------------------|---|
| GLUCAGEN HYPOKIT | 1 | |
| <i>Glucagon Emergency Injection Kit</i> | 1 | |
| GVOKE HYPOPEN 1-PACK | 1 | |
| GVOKE HYPOPEN 2-PACK | 1 | |
| GVOKE KIT | 1 | |
| GVOKE PFS | 1 | |
| <i>miFEPRISone Oral Tablet 300 MG</i> | 1 | PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS |
| Contraceptives | | |
| AFIRMELLE | 1 | |
| ALTAVERA | 1 | |
| <i>Alyacen 1/35</i> | 1 | |
| <i>Alyacen 7/7/7</i> | 1 | |
| APRI | 1 | |
| AUBRA | 1 | |
| AUBRA EQ | 1 | |
| AUROVELA 1.5/30 | 1 | |
| 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 | |
| <i>Briellyn</i> | 1 | |
| CAMILA | 1 | |
| CAZIAN | 1 | |
| CHATEAL | 1 | |
| CHATEAL EQ | 1 | |
| CRYSSELLE-28 | 1 | |
| CYCLAFEM 1/35 | 1 | |
| <i>CYCLAFEM 7/7/7</i> | 1 | |
| CYRED | 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 |
|---------------------------------------|------------------|----------------------------|
| CYRED EQ | 1 | |
| DASETTA 1/35 | 1 | |
| DASETTA 7/7/7 | 1 | |
| DEBLITANE | 1 | |
| DELYLA | 1 | |
| <i>Desogestrel-Ethinyl Estradiol</i> | 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 | |
| <i>Ethinodiol Diac-Eth Estradiol</i> | 1 | |
| <i>Etonogestrel-Ethinyl Estradiol</i> | 1 | QL (1 EA per 28 days) |
| FALMINA | 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 | |

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 |
|--|------------------|----------------------------|
| 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 | |
| <i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG</i> | 1 | |
| <i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i> | 1 | |
| <i>Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG</i> | 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 | |
| <i>Marlissa</i> | 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 | |

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 |
|--|------------------|------------------------------|
| 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 | |
| <i>Norelgestromin-Eth Estradiol</i> | 1 | |
| <i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i> | 1 | |
| <i>Norethindrone Acet-Ethinyl Est Oral Tablet</i> | 1 | |
| <i>Norethindrone Oral</i> | 1 | |
| <i>Norethindron-Ethinyl Estrad-Fe</i> | 1 | |
| <i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG</i> | 1 | |
| <i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i> | 1 | |
| <i>Norgestim-Eth Estrad Triphasic</i> | 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 | |

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 |
|-------------------|------------------|------------------------------|
| 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 | |
| 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 | |
| <i>Viorele</i> | 1 | |
| VOLNEA | 1 | |
| VYFEMLA | 1 | |
| VYLIBRA | 1 | |
| WERA | 1 | |
| XULANE | 1 | |
| ZAFEMY | 1 | |
| ZOVIA 1/35 (28) | 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 |
|---|-----------|--|
| Estrogens And Antiestrogens | | |
| DUAVEE | 1 | |
| <i>Estradiol Oral</i> | 1 | |
| <i>Estradiol Transdermal Patch Weekly</i> | 1 | |
| ESTRING | 1 | |
| IMVEXXY MAINTENANCE PACK | 1 | |
| IMVEXXY STARTER PACK | 1 | |
| INTRAROSA | 1 | |
| PREMARIN ORAL | 1 | |
| PREMARIN VAGINAL | 1 | |
| PREMPHASE | 1 | |
| PREMPRO | 1 | |
| <i>Raloxifene HCl</i> | 1 | |
| Gonadotropins | | |
| <i>Chorionic Gonadotropin Intramuscular</i> | 1 | *; Not available at mail-order |
| PREGNYL | 1 | *; Not available at mail-order |
| Meglitinides | | |
| <i>Nateglinide</i> | 1 | QL (90 EA per 30 days) |
| <i>Repaglinide Oral Tablet 0.5 MG, 1 MG</i> | 1 | QL (120 EA per 30 days) |
| <i>Repaglinide Oral Tablet 2 MG</i> | 1 | QL (240 EA per 30 days) |
| Parathyroid | | |
| <i>Calcitonin (Salmon) Nasal</i> | 1 | B/D |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 1 | *; Not available at mail-order; QL (2.4 ML per 28 days); NEDS |
| <i>Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML</i> | 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 | | |
| <i>Desmopressin Ace Spray Refrig</i> | 1 | |
| <i>Desmopressin Acetate Oral</i> | 1 | |
| <i>Desmopressin Acetate Spray</i> | 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 |

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 |
|---|------------------|---|
| 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 | |
| <i>medroxyPROGESTERone Acetate Intramuscular</i> | 1 | |
| <i>MedroxyPROGESTERone Acetate Oral</i> | 1 | |
| <i>Norethindrone Acetate Oral</i> | 1 | |
| <i>Progesterone Oral</i> | 1 | |
| Somatostatin Agonists | | |
| <i>Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML</i> | 1 | *; Not available at mail-order |
| <i>Octreotide Acetate Subcutaneous</i> | 1 | *; Not available at mail-order |
| SIGNIFOR | 1 | PA; NEDS |
| Somatotropin Agonists | | |
| <i>Lanreotide Acetate</i> | 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 | |
| <i>Levothyroxine Sodium Oral Tablet</i> | 1 | |
| LEVOXYL | 1 | |
| <i>Liothyronine Sodium Oral</i> | 1 | |
| <i>methIMazole Oral</i> | 1 | |
| <i>Propylthiouracil Oral</i> | 1 | |
| SYNTHROID | 1 | |
| UNITHROID | 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 |
|--|------------------|---|
| Miscellaneous Therapeutic Agents | | |
| 5-Alpha-Reductase Inhibitors | | |
| <i>Dutasteride Oral</i> | 1 | QL (30 EA per 30 days) |
| <i>Finasteride Oral Tablet 5 MG</i> | 1 | |
| Complement Inhibitors | | |
| HAEGARDA | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe</i> | 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 |
| <i>Adalimumab-aacf (2 Pen)</i> | 1 | PA; *; Not available at mail-order; QL (6 EA per 28 days); NEDS |
| <i>Alendronate Sodium Oral Solution</i> | 1 | |
| <i>Alendronate Sodium Oral Tablet 10 MG, 5 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Alendronate Sodium Oral Tablet 35 MG</i> | 1 | QL (8 EA per 28 days) |
| <i>Alendronate Sodium Oral Tablet 70 MG</i> | 1 | QL (12 EA per 84 days) |
| <i>Allopurinol Oral Tablet 100 MG, 300 MG</i> | 1 | |
| <i>Anagrelide HCl</i> | 1 | |
| ARCALYST | 1 | PA; *; Not available at mail-order; NEDS |
| 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 |
| <i>azaTHIOprine Oral</i> | 1 | B/D |
| <i>Baclofen Oral Tablet 10 MG, 20 MG, 5 MG</i> | 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 |
| <i>Betaine</i> | 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 |

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 (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 |
| BYLVAY ORAL CAPSULE 400 MCG | 1 | PA; QL (540 EA per 30 days); NEDS |
| <i>Cabergoline</i> | 1 | |
| <i>Cinacalcet HCl Oral Tablet 30 MG, 60 MG</i> | 1 | B/D; *; Not available at mail-order; QL (60 EA per 30 days) |
| <i>Cinacalcet HCl Oral Tablet 90 MG</i> | 1 | B/D; *; Not available at mail-order; QL (120 EA per 30 days); NEDS |
| <i>Colchicine Oral</i> | 1 | |
| <i>Colchicine-Probenecid</i> | 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 |
| 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 |
| <i>cycloSPORINE Modified</i> | 1 | B/D |
| <i>CycloSPORINE Oral Capsule</i> | 1 | B/D |
| CYSTAGON | 1 | PA; *; Not available at mail-order |
| <i>Dalfampridine ER</i> | 1 | PA; *; Not available at mail-order; 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 |
|---|------------------|--|
| DAYBUE | 1 | PA; QL (3600 ML per 30 days); NEDS |
| <i>Dimethyl Fumarate Oral</i> | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack</i> | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Disulfiram Oral</i> | 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 |
| ENVARUSUS XR | 1 | B/D; NEDS |
| <i>Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</i> | 1 | B/D; NEDS |
| FABHALTA | 1 | PA; 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 |
|--|------------------|--|
| <i>Febuxostat</i> | 1 | ST; QL (30 EA per 30 days) |
| FILSUVEZ | 1 | PA; QL (702 GM per 30 days); NEDS |
| <i>Fingolimod HCl</i> | 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 (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 |
| HUMIRA-PED<40KG CROHNS STARTER | 1 | PA; *; Not available at mail-order; QL (2 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 \geq 40KG CROHNS START | 1 | PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS |
| HUMIRA-PED \geq 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/UEVIT STARTER | 1 | PA; *; Not available at mail-order; QL (3 EA per 28 days); NEDS |
| <i>Ibandronate Sodium Oral</i> | 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 |
| <i>Leflunomide Oral Tablet 10 MG</i> | 1 | QL (60 EA per 30 days) |
| <i>Leflunomide Oral Tablet 20 MG</i> | 1 | |
| <i>Leucovorin Calcium Injection Solution 500 MG/50ML</i> | 1 | B/D |
| <i>Leucovorin Calcium Injection Solution Reconstituted</i> | 1 | B/D |
| <i>Leucovorin Calcium Oral</i> | 1 | |
| <i>levOCARNitine Oral Solution</i> | 1 | B/D |
| <i>levOCARNitine Oral Tablet</i> | 1 | B/D |
| <i>L-Glutamine Oral Packet</i> | 1 | PA; *; 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 |
|--|------------------|---|
| 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 |
| MESNEX ORAL | 1 | NEDS |
| <i>metyroSINE</i> | 1 | NEDS |
| <i>Miglustat</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Mycophenolate Mofetil Oral Capsule</i> | 1 | B/D |
| <i>Mycophenolate Mofetil Oral Suspension Reconstituted</i> | 1 | B/D; NEDS |
| <i>Mycophenolate Mofetil Oral Tablet</i> | 1 | B/D |
| <i>Mycophenolate Sodium</i> | 1 | B/D |
| MYHIBBIN | 1 | B/D; NEDS |
| <i>Nitisinone</i> | 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 |
| OXBRYTA ORAL TABLET 300 MG | 1 | PA; *; Not available at mail-order; QL (150 EA per 30 days); NEDS |
| OXBRYTA ORAL TABLET 500 MG | 1 | PA; *; Not available at mail-order; QL (90 EA per 30 days); NEDS |
| OXBRYTA ORAL TABLET SOLUBLE | 1 | PA; *; Not available at mail-order; QL (150 EA per 30 days); NEDS |
| <i>Pamidronate Disodium Intravenous Solution</i> | 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 |
| <i>Probenecid Oral</i> | 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 |
| <i>Risedronate Sodium Oral Tablet 150 MG</i> | 1 | QL (1 EA per 28 days) |
| <i>Risedronate Sodium Oral Tablet 30 MG, 5 MG</i> | 1 | QL (30 EA per 30 days) |
| <i>Risedronate Sodium Oral Tablet 35 MG, 35 MG (12 PACK), 35 MG (4 PACK)</i> | 1 | QL (4 EA per 28 days) |
| <i>Risedronate Sodium Oral Tablet Delayed Release</i> | 1 | QL (4 EA per 28 days) |
| SANDIMMUNE ORAL SOLUTION | 1 | B/D |
| <i>Sapropterin Dihydrochloride Oral Packet</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Sapropterin Dihydrochloride Oral Tablet</i> | 1 | PA; *; Not available at mail-order; NEDS |
| <i>Sirolimus Oral Solution</i> | 1 | B/D; NEDS |
| <i>Sirolimus Oral Tablet</i> | 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 |
| <i>Tacrolimus Oral</i> | 1 | B/D |
| TAVNEOS | 1 | PA; QL (180 EA per 30 days); NEDS |
| <i>Teriflunomide</i> | 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 |
| <i>Tranexamic Acid Oral</i> | 1 | |
| 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 PEN-INJECTOR | 1 | PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 1 | PA; *; Not available at mail-order; QL (1 ML per 28 days); NEDS |
| TYBOST | 1 | |
| 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 |

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 |
|--|------------------|--|
| 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

| | | |
|-------------------------------------|---|-----|
| <i>Calcitriol Oral</i> | 1 | B/D |
| <i>Paricalcitol Oral</i> | 1 | B/D |
| <i>Prenatal Oral Tablet 27-1 MG</i> | 1 | |

Pharmaceutical Aids

Pharmaceutical Aids

| | | |
|--|---|---------------------------------|
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 1 | PA |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | 1 | PA |
| <i>CVS Gauze Sterile Pad 2"X2"</i> | 1 | PA |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 1 | PA |
| <i>Global Alcohol Prep Ease</i> | 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) |

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 |
|---|------------------|---------------------------------|
| 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 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) |
| <i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i> | 1 | PA |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 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) |
| 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) |
| <i>Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML</i> | 1 | B/D |
| <i>Budesonide Inhalation Suspension 1 MG/2ML</i> | 1 | B/D; QL (60 ML per 30 days) |
| <i>Budesonide-Formoterol Fumarate</i> | 1 | QL (10.2 GM per 30 days) |
| DULERA | 1 | QL (13 GM per 30 days) |
| <i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT</i> | 1 | QL (60 EA per 30 days) |
| <i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 250 MCG/ACT</i> | 1 | QL (240 EA per 30 days) |
| <i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT</i> | 1 | QL (180 EA per 30 days) |
| <i>Fluticasone Propionate HFA</i> | 1 | QL (24 GM per 30 days) |
| <i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</i> | 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 |
|--|------------------|---|
| 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 | | |
| <i>Montelukast Sodium Oral</i> | 1 | QL (30 EA per 30 days) |
| <i>Zafirlukast</i> | 1 | QL (60 EA per 30 days) |
| Respiratory Tract Agents, Miscellaneous | | |
| <i>Acetylcysteine Inhalation</i> | 1 | B/D |
| ADEMPAS | 1 | PA; *; Not available at mail-order; QL (120 EA per 30 days); NEDS |
| BEVESPI AEROSPHERE | 1 | QL (10.7 GM per 30 days) |
| <i>Bosentan Oral Tablet 125 MG</i> | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| <i>Bosentan Oral Tablet 62.5 MG</i> | 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 |
| <i>Cromolyn Sodium Inhalation</i> | 1 | B/D |
| <i>Cromolyn Sodium Oral</i> | 1 | |
| ELIXOPHYLLIN | 1 | |
| <i>EPINEPHrine Injection Solution 0.3 MG/0.3ML</i> | 1 | |
| <i>EPINEPHrine Injection Solution Auto-Injector</i> | 1 | |
| 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) |

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 |
|---|------------------|---|
| 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 |
| <i>Pirfenidone</i> | 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 |
| <i>Roflumilast Oral Tablet 250 MCG</i> | 1 | PA |
| <i>Roflumilast Oral Tablet 500 MCG</i> | 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) |
| SYMJEPI | 1 | |
| <i>Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG, 450 MG</i> | 1 | |
| <i>Theophylline ER Oral Tablet Extended Release 24 Hour</i> | 1 | |
| <i>Theophylline Oral</i> | 1 | |
| 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 |

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 |
|--|------------------|---|
| UPTRAVI ORAL | 1 | PA; *; Not available at mail-order; QL (60 EA per 30 days); NEDS |
| UPTRAVI TITRATION | 1 | PA; *; Not available at mail-order; QL (200 EA per 43 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 | |
| <i>Diphtheria-Tetanus Toxoids DT</i> | 1 | |
| INFANRIX | 1 | |
| TDVAX | 1 | |
| TENIVAC | 1 | |
| <i>Tetanus-Diphtheria Toxoids Td</i> | 1 | |

Vaccines

| | | |
|---|---|--|
| ABRYSVO | 1 | |
| ACTHIB | 1 | |
| AREXVY | 1 | |
| <i>BCG Vaccine Injection Solution Reconstituted</i> | 1 | |
| BEXSERO | 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 |
|--|------------------|----------------------------|
| 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 |
| 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 | |

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 |
|---|------------------|--------------------------------|
| <i>Stamaril</i> | 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 |
| YF-VAX | 1 | |

Skin And Mucous Membrane Agents

Antibacterials (Skin And Mucous Membrane)

| | | |
|--|---|------------------------|
| <i>Benzoyl Peroxide-Erythromycin</i> | 1 | |
| CLINDACIN ETZ EXTERNAL SWAB | 1 | |
| <i>Clindamycin Phosphate External Gel</i> | 1 | |
| <i>Clindamycin Phosphate External Lotion</i> | 1 | |
| <i>Clindamycin Phosphate External Solution</i> | 1 | QL (60 ML per 28 days) |
| <i>Clindamycin Phosphate External Swab</i> | 1 | |
| <i>Clindamycin Phosphate Vaginal</i> | 1 | |
| <i>Ery</i> | 1 | |
| <i>Erythromycin External Gel</i> | 1 | |
| <i>Erythromycin External Solution</i> | 1 | |
| <i>Gentamicin Sulfate External Cream</i> | 1 | QL (90 GM per 30 days) |
| <i>Gentamicin Sulfate External Ointment</i> | 1 | |
| <i>metroNIDAZOLE Vaginal</i> | 1 | |
| <i>Mupirocin External</i> | 1 | |

Antifungals (Skin And Mucous Membrane)

| | | |
|---|---|------------------------|
| CICLODAN EXTERNAL SOLUTION | 1 | |
| <i>Ciclopirox External Solution</i> | 1 | |
| <i>Ciclopirox Olamine External</i> | 1 | |
| <i>Clotrimazole External Cream</i> | 1 | |
| <i>Clotrimazole External Solution</i> | 1 | |
| <i>Clotrimazole Mouth/Throat Troche</i> | 1 | QL (70 EA per 14 days) |
| <i>Clotrimazole-Betamethasone</i> | 1 | |
| <i>Econazole Nitrate External</i> | 1 | QL (85 GM 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 |
|---|------------------|----------------------------|
| <i>Ketoconazole External Cream</i> | 1 | QL (60 GM per 28 days) |
| <i>Ketoconazole External Shampoo 2 %</i> | 1 | |
| KLAYESTA | 1 | |
| <i>Miconazole 3 Vaginal Suppository</i> | 1 | |
| NYAMYC | 1 | |
| <i>Nystatin External</i> | 1 | |
| <i>Nystatin-Triamcinolone</i> | 1 | |
| NYSTOP | 1 | |
| <i>Terconazole</i> | 1 | |
| Anti-Inflammatory Agents (Skin And Mucous) | | |
| <i>Ala-Cort External Cream</i> | 1 | |
| <i>Alclometasone Dipropionate</i> | 1 | |
| <i>Betamethasone Dipropionate Aug</i> | 1 | |
| <i>Betamethasone Dipropionate External</i> | 1 | |
| <i>Betamethasone Valerate External</i> | 1 | |
| <i>Clobetasol Propionate E</i> | 1 | |
| <i>Clobetasol Propionate External Cream</i> | 1 | |
| <i>Clobetasol Propionate External Foam</i> | 1 | |
| <i>Clobetasol Propionate External Gel</i> | 1 | |
| <i>Clobetasol Propionate External Liquid</i> | 1 | |
| <i>Clobetasol Propionate External Lotion</i> | 1 | |
| <i>Clobetasol Propionate External Ointment</i> | 1 | |
| <i>Clobetasol Propionate External Shampoo</i> | 1 | |
| <i>Clobetasol Propionate External Solution</i> | 1 | QL (50 ML per 30 days) |
| CLODAN EXTERNAL SHAMPOO | 1 | |
| <i>Desonide External Cream</i> | 1 | |
| <i>Desonide External Lotion</i> | 1 | |
| <i>Desonide External Ointment</i> | 1 | |
| <i>Desoximetasone External Cream</i> | 1 | |
| <i>Desoximetasone External Gel</i> | 1 | |
| <i>Desoximetasone External Ointment</i> | 1 | |
| <i>Fluocinolone Acetonide Body</i> | 1 | |
| <i>Fluocinolone Acetonide External</i> | 1 | |
| <i>Fluocinolone Acetonide Scalp</i> | 1 | |
| <i>Fluocinonide External Gel</i> | 1 | |
| <i>Fluocinonide External Ointment</i> | 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 |
|--|------------------|----------------------------|
| <i>Fluocinonide External Solution</i> | 1 | |
| <i>Fluticasone Propionate External Cream</i> | 1 | |
| <i>Fluticasone Propionate External Ointment</i> | 1 | |
| <i>Halobetasol Propionate External Cream</i> | 1 | |
| <i>Halobetasol Propionate External Ointment</i> | 1 | |
| <i>Hydrocortisone (Perianal)</i> | 1 | |
| <i>Hydrocortisone Butyrate External Ointment</i> | 1 | |
| <i>Hydrocortisone External Cream 1 %, 2.5 %</i> | 1 | |
| <i>Hydrocortisone External Lotion 2.5 %</i> | 1 | |
| <i>Hydrocortisone External Ointment 1 %, 2.5 %</i> | 1 | |
| <i>Hydrocortisone Rectal Enema</i> | 1 | |
| <i>Hydrocortisone Valerate</i> | 1 | |
| KOURZEQ | 1 | |
| <i>Mometasone Furoate External</i> | 1 | |
| ORALONE | 1 | |
| PROCTOCARE-HC EXTERNAL | 1 | |
| PROCTO-MED HC EXTERNAL | 1 | |
| PROCTOSOL HC EXTERNAL | 1 | |
| PROCTOZONE-HC EXTERNAL | 1 | |
| <i>Triamcinolone Acetonide External Cream</i> | 1 | |
| <i>Triamcinolone Acetonide External Lotion</i> | 1 | |
| <i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| <i>Triamcinolone Acetonide Mouth/Throat</i> | 1 | |
| TRIDERM EXTERNAL CREAM | 1 | |
| Antivirals (Skin And Mucous Membrane) | | |
| <i>Acyclovir External Ointment</i> | 1 | |
| <i>Penciclovir</i> | 1 | |
| Local Anti-Infectives, Miscellaneous | | |
| <i>metroNIDAZOLE External</i> | 1 | |
| ROSADAN EXTERNAL CREAM | 1 | |
| ROSADAN EXTERNAL GEL | 1 | |
| <i>Selenium Sulfide External Lotion</i> | 1 | |
| <i>Silver sulfADIAZINE External</i> | 1 | |
| SSD | 1 | |
| <i>Sulfacetamide Sodium (Acne)</i> | 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 |
|---|------------------|---|
| THERMAZENE | 1 | |
| Scabicides And Pediculicides | | |
| CROTAN | 1 | |
| <i>Lindane External Shampoo</i> | 1 | |
| <i>Malathion External</i> | 1 | |
| <i>Permethrin External Cream</i> | 1 | |
| Skin And Mucous Membrane Agents, Misc. | | |
| AC CUTANE | 1 | |
| <i>Acitretin</i> | 1 | PA |
| <i>Adapalene External Gel</i> | 1 | |
| <i>Ammonium Lactate External</i> | 1 | |
| AMNESTEEM | 1 | |
| AVITA | 1 | |
| <i>Bexarotene External</i> | 1 | PA (NS); *; Not available at mail-order; NEDS |
| <i>Calcipotriene External Cream</i> | 1 | QL (120 GM per 30 days) |
| <i>Calcipotriene External Ointment</i> | 1 | QL (120 GM per 30 days) |
| <i>Calcipotriene External Solution</i> | 1 | QL (120 ML per 30 days) |
| CALCITRENE | 1 | QL (120 GM per 30 days) |
| CLARAVIS | 1 | |
| <i>Fluorouracil External Cream 5 %</i> | 1 | |
| <i>Fluorouracil External Solution</i> | 1 | |
| <i>Imiquimod External Cream 5 %</i> | 1 | |
| <i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i> | 1 | |
| <i>Lidocaine External Ointment 5 %</i> | 1 | QL (180 GM per 30 days) |
| <i>Lidocaine External Patch 5 %</i> | 1 | PA; QL (90 EA per 30 days) |
| <i>Lidocaine-Prilocaine External Cream</i> | 1 | B/D; QL (30 GM per 30 days) |
| LIDOCAN | 1 | PA; QL (90 EA per 30 days) |
| <i>Methoxsalen Rapid</i> | 1 | NEDS |
| MYORISAN | 1 | |
| <i>Nitroglycerin Rectal</i> | 1 | PA |
| <i>Pimecrolimus</i> | 1 | ST |
| <i>Podofilox External Solution</i> | 1 | |
| REGRANEX | 1 | PA; NEDS |
| SANTYL | 1 | QL (90 GM 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 |
|--|------------------|----------------------------|
| <i>Tacrolimus External Ointment</i> | 1 | ST |
| <i>Tazarotene External Cream 0.1 %</i> | 1 | |
| <i>Tretinoin External</i> | 1 | |
| TRIDACAINE II | 1 | PA; QL (90 EA per 30 days) |
| ZENATANE | 1 | |
| Smooth Muscle Relaxants | | |
| Genitourinary Smooth Muscle Relaxants | | |
| <i>Fesoterodine Fumarate ER</i> | 1 | PA; QL (30 EA per 30 days) |
| <i>FlavoxATE HCl</i> | 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) |
| <i>Oxybutynin Chloride ER</i> | 1 | PA; QL (60 EA per 30 days) |
| <i>oxyBUTYnin Chloride Oral Solution</i> | 1 | PA |
| <i>Oxybutynin Chloride Oral Tablet 5 MG</i> | 1 | PA |
| <i>Solifenacin Succinate</i> | 1 | PA; QL (30 EA per 30 days) |
| <i>Tolterodine Tartrate ER</i> | 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.

Index

| | | | | | |
|--|--------|---|--------|---|----|
| <i>Abacavir Sulfate</i> | 6 | <i>ALPRAZolam XR</i> | 48 | <i>ARIPiprazole</i> | 43 |
| <i>Abacavir Sulfate-lamiVUDine</i> | 6 | ALTAVERA..... | 65 | ARISTADA..... | 43 |
| ABELCET..... | 5 | ALUNBRIG..... | 15 | ARISTADA INITIO..... | 43 |
| ABILIFY ASIMTUFII..... | 43 | ALVAIZ..... | 30 | <i>Armodafinil</i> | 35 |
| ABILIFY MAINTENA..... | 43 | <i>Alyacen 1/35</i> | 65 | ARNUITY ELLIPTA..... | 81 |
| ABILIFY MYCITE..... | 43 | <i>Alyacen 7/7/7</i> | 65 | <i>Asenapine Maleate</i> | 43 |
| ABILIFY MYCITE MAINTENANCE KIT..... | 43 | ALYQ..... | 35 | <i>Aspirin-Dipyridamole ER</i> | 35 |
| ABILIFY MYCITE STARTER KIT..... | 43 | <i>Amantadine HCl</i> | 42 | ASSURE ID INSULIN SAFETY SYR..... | 80 |
| <i>Abiraterone Acetate</i> | 14 | AMBISOME..... | 5 | <i>Atazanavir Sulfate</i> | 6 |
| ABRYSVO..... | 84 | <i>Ambrisentan</i> | 35 | <i>Atenolol</i> | 32 |
| <i>Acamprosate Calcium</i> | 48 | <i>Amikacin Sulfate</i> | 3 | <i>Atenolol-Chlorthalidone</i> | 32 |
| <i>Acarbose</i> | 61 | <i>aMILoride HCl</i> | 53 | <i>Atomoxetine HCl</i> | 48 |
| ACCUTANE..... | 89 | <i>aMILoride-</i> <i>hydroCHLORothiazide</i> | 53 | <i>Atorvastatin Calcium</i> | 31 |
| <i>Acebutolol HCl</i> | 32 | AMINOSYN II..... | 53 | <i>Atovaquone</i> | 5 |
| <i>Acetaminophen-Codeine</i> | 50 | AMINOSYN-PF..... | 53 | <i>Atovaquone-Proguanil HCl</i> | 5 |
| ACETASOL HC..... | 55 | <i>Amiodarone HCl</i> | 31 | ATROVENT HFA..... | 27 |
| <i>acetaZOLAMIDE</i> | 55 | <i>Amitriptyline HCl</i> | 39 | AUBRA..... | 65 |
| <i>acetaZOLAMIDE ER</i> | 55 | <i>amLODIPine Besy-Benazepril</i> <i>HCl</i> | 32 | AUBRA EQ..... | 65 |
| <i>Acetic Acid</i> | 55 | <i>amLODIPine Besylate</i> | 33 | AUGTYRO..... | 15 |
| <i>Acetylcysteine</i> | 82 | <i>amLODIPine-Olmesartan</i> | 33 | AUROVELA 1.5/30..... | 65 |
| <i>Acitretin</i> | 89 | <i>Ammonium Lactate</i> | 89 | AUROVELA 1/20..... | 65 |
| ACTHIB..... | 84 | AMNESTEEM..... | 89 | AUROVELA 24 FE..... | 65 |
| ACTIMMUNE..... | 72 | <i>Amoxapine</i> | 39 | AUROVELA FE 1.5/30..... | 65 |
| <i>Acyclovir</i> | 9, 88 | <i>Amoxicill-Clarithro-Lansopraz..</i> | 59 | AUROVELA FE 1/20..... | 65 |
| <i>Acyclovir Sodium</i> | 9 | <i>Amoxicillin</i> | 12 | AURYXIA..... | 53 |
| ADACEL..... | 84 | <i>Amoxicillin-Pot Clavulanate</i> | 12 | AUSTEDO..... | 48 |
| <i>Adalimumab-aacf (2 Pen)</i> | 72 | <i>Amoxicillin-Pot Clavulanate ER</i> | 12 | AUSTEDO XR..... | 48 |
| <i>Adapalene</i> | 89 | <i>Amphetamine-Dextroamphet ER</i> | 35 | AUSTEDO XR PATIENT TITRATION..... | 48 |
| <i>Adefovir Dipivoxil</i> | 9 | <i>Amphetamine-</i> <i>Dextroamphetamine</i> | 35 | AUVELITY..... | 39 |
| ADEMPAS..... | 82 | <i>Amphotericin B</i> | 5 | AVIANE..... | 65 |
| ADVAIR HFA..... | 81 | <i>Amphotericin B Liposome</i> | 5 | <i>Avidoxy</i> | 14 |
| AFIRMELLE..... | 65 | <i>Ampicillin</i> | 12 | AVITA..... | 89 |
| AIMOVIG..... | 41 | <i>Ampicillin Sodium</i> | 12, 13 | AVONEX PEN..... | 72 |
| AKEEGA..... | 14 | <i>Ampicillin-Sulbactam Sodium</i> | 13 | AVONEX PREFILLED..... | 72 |
| <i>AK-Poly-Bac</i> | 55 | <i>Anagrelide HCl</i> | 72 | AYUNA..... | 65 |
| <i>Ala-Cort</i> | 87 | <i>Anastrozole</i> | 15 | AYVAKIT..... | 15 |
| <i>Albendazole</i> | 4 | ANDRODERM..... | 61 | <i>azaTHIOprine</i> | 72 |
| <i>Albuterol Sulfate</i> | 28 | <i>Antibiotic Ear</i> | 55 | <i>Azelastine HCl</i> | 55 |
| <i>Albuterol Sulfate HFA</i> | 28 | <i>Apraclonidine HCl</i> | 57 | <i>Azithromycin</i> | 11 |
| <i>Alclometasone Dipropionate</i> | 87 | <i>Aprepitant</i> | 58 | <i>Aztreonam</i> | 12 |
| ALECENSA..... | 14 | APRETUDE..... | 6 | AZURETTE..... | 65 |
| <i>Alendronate Sodium</i> | 72 | APRI..... | 65 | BAC..... | 47 |
| <i>Alfuzosin HCl ER</i> | 29 | APTIOM..... | 36 | <i>Bacitracin</i> | 55 |
| <i>Aliskiren Fumarate</i> | 31 | APTIVUS..... | 6 | <i>Bacitracin-Polymyxin B</i> | 56 |
| <i>Allopurinol</i> | 72 | ARANESP (ALBUMIN FREE). 30 | | <i>Bacitra-Neomycin-Polymyxin-</i> <i>HC</i> | 56 |
| <i>Alosetron HCl</i> | 59 | ARCALYST..... | 72 | <i>Baclofen</i> | 72 |
| ALPRAZolam..... | 47, 48 | AREXVY..... | 84 | BAFIERTAM..... | 72 |
| ALPRAZolam ER..... | 47 | ARIKAYCE..... | 3 | <i>Balsalazide Disodium</i> | 58 |
| ALPRAZOLAM INTENSOL..... | 47 | | | | |

| | | | | | |
|---|--------|--|--------|--|--------|
| BALVERSA..... | 15 | BRUKINSA..... | 15 | Cefaclor ER..... | 10 |
| BALZIVA..... | 65 | Budesonide..... | 61, 81 | Cefadroxil..... | 10 |
| BAQSIMI ONE PACK..... | 64 | Budesonide ER..... | 60 | CeFAZolin Sodium..... | 10 |
| BAQSIMI TWO PACK..... | 64 | Budesonide-Formoterol Fumarate..... | 81 | CeFAZolin Sodium-Dextrose..... | 10 |
| BARACLUDE..... | 9 | Bumetanide..... | 53 | Cefdinir..... | 10 |
| BASAGLAR KWIKPEN..... | 61 | Buprenorphine..... | 52 | Cefepime HCl..... | 10 |
| BASAGLAR TEMPO PEN..... | 61 | Buprenorphine HCl..... | 51 | Cefepime-Dextrose..... | 11 |
| BCG Vaccine..... | 84 | Buprenorphine HCl-Naloxone HCl..... | 51 | Cefixime..... | 11 |
| Benazepril HCl..... | 34 | buPROPion HCl..... | 39 | CefOXitin Sodium..... | 12 |
| Benazepril- hydroCHLOROthiazide..... | 34 | buPROPion HCl ER (Smoking Det)..... | 39 | CefOXitin Sodium-Dextrose..... | 12 |
| BENLYSTA..... | 72 | buPROPion HCl ER (SR)..... | 39 | Cefpodoxime Proxetil..... | 11 |
| Benzoyl Peroxide-Erythromycin..... | 86 | buPROPion HCl ER (XL)..... | 39 | Cefprozil..... | 11 |
| Benztropine Mesylate..... | 42 | busPIRone HCl..... | 47 | CeftAZidime..... | 11 |
| BESREMI..... | 15 | Butalbital-Acetaminophen..... | 47 | ceftAZidime..... | 11 |
| Betaine..... | 72 | Butalbital-APAP-Caffeine..... | 47 | ceftAZidime and Dextrose..... | 11 |
| Betamethasone Dipropionate..... | 87 | Butorphanol Tartrate..... | 50 | cefTRIAxone Sodium..... | 11 |
| Betamethasone Dipropionate Aug..... | 87 | BYDUREON BCISE..... | 62 | CefTRIAxone Sodium in Dextrose..... | 11 |
| Betamethasone Valerate..... | 87 | BYLVAY..... | 73 | CefTRIAxone Sodium-Dextrose..... | 11 |
| BETASERON..... | 72 | BYLVAY (PELLETS)..... | 73 | Cefuroxime Axetil..... | 11 |
| Betaxolol HCl..... | 32, 55 | CABENUVA..... | 6 | Cefuroxime Sodium..... | 11 |
| Bethanechol Chloride..... | 28 | Cabergoline..... | 73 | Celecoxib..... | 49 |
| BETOPTIC-S..... | 55 | CABOMETYX..... | 15 | Cephalexin..... | 11 |
| BEVESPI AEROSPHERE..... | 82 | Calcipotriene..... | 89 | Cetirizine HCl..... | 3 |
| Bexarotene..... | 15, 89 | Calcitonin (Salmon)..... | 70 | Cevimeline HCl..... | 28 |
| BEXSERO..... | 84 | CALCITRENE..... | 89 | CHATEAL..... | 65 |
| Bicalutamide..... | 15 | Calcitriol..... | 80 | CHATEAL EQ..... | 65 |
| BICILLIN L-A..... | 13 | CALQUENCE..... | 15 | CHEMET..... | 60 |
| BIKTARVY..... | 6 | CAMILA..... | 65 | CHEMICAL..... | 59 |
| Bisoprolol Fumarate..... | 32 | Candesartan Cilexetil..... | 34 | Chlorhexidine Gluconate..... | 56 |
| Bisoprolol- hydroCHLOROthiazide..... | 32 | Candesartan Cilexetil-HCTZ..... | 34 | Chloroquine Phosphate..... | 5 |
| BLISOVI 24 FE..... | 65 | CAPLYTA..... | 43 | chlorproMAZINE HCl..... | 43 |
| BLISOVI FE 1.5/30..... | 65 | CAPRELSA..... | 15 | Chlorthalidone..... | 53 |
| BLISOVI FE 1/20..... | 65 | Captopril..... | 34 | Chlorzoxazone..... | 29 |
| BOOSTRIX..... | 84 | CARAFATE..... | 59 | Cholestyramine..... | 31 |
| Bosentan..... | 82 | carBAMazepine..... | 36 | Cholestyramine Light..... | 31 |
| BOSULIF..... | 15 | carBAMazepine ER..... | 36 | Chorionic Gonadotropin..... | 70 |
| BOTOX..... | 72 | Carbidopa-Levodopa..... | 42 | CICLODAN..... | 86 |
| BRAFTOVI..... | 15 | Carbidopa-Levodopa ER..... | 42 | Ciclopirox..... | 86 |
| BREO ELLIPTA..... | 81 | Carbidopa-Levodopa- Entacapone..... | 42 | Ciclopirox Olamine..... | 86 |
| BREYNA..... | 81 | Carbimazole..... | 42 | Cilostazol..... | 31 |
| BREZTRI AEROSPHERE..... | 82 | Carglumic Acid..... | 52 | CILOXAN..... | 56 |
| Briellyn..... | 65 | Carteolol HCl..... | 57 | CIMDUO..... | 6 |
| BRILINTA..... | 31 | CARTIA XT..... | 33 | Cimetidine..... | 59 |
| Brimonidine Tartrate..... | 55 | Carvedilol..... | 32 | Cimetidine HCl..... | 59 |
| Brimonidine Tartrate-Timolol..... | 55 | Casposungin Acetate..... | 5 | Cinacalcet HCl..... | 73 |
| Brinzolamide..... | 55 | CATAFLAM..... | 49 | Ciprofloxacin HCl..... | 13, 56 |
| BRIVIACT..... | 36 | CAYSTON..... | 12 | Ciprofloxacin in D5W..... | 13 |
| Bromocriptine Mesylate..... | 42 | CAZIENT..... | 65 | Ciprofloxacin-Dexamethasone..... | 56 |
| BRONCHITOL..... | 82 | Cefaclor..... | 10 | Citalopram Hydrobromide..... | 39 |
| | | | | CLARAVIS..... | 89 |
| | | | | Clarithromycin..... | 11 |

| | | | | | |
|--|-------|---|--------|--|--------|
| <i>Clarithromycin ER</i> | 11 | <i>Cromolyn Sodium</i> | 55, 82 | <i>Dexmethylphenidate HCl</i> | 52 |
| CLEOCIN PHOSPHATE..... | 4 | CROTAN..... | 89 | <i>Dexmethylphenidate HCl ER</i> | 52 |
| CLINDACIN ETZ..... | 86 | CRYSELLE-28..... | 65 | <i>Dextroamphetamine Sulfate</i> | 36 |
| <i>Clindamycin HCl</i> | 4 | CRYSVITA..... | 73 | <i>Dextroamphetamine Sulfate ER</i> .. | 35 |
| <i>Clindamycin Palmitate HCl</i> | 4 | <i>CVS Gauze Sterile</i> | 80 | <i>Dextrose</i> | 53 |
| <i>Clindamycin Phosphate</i> | 4, 86 | CYCLAFEM 1/35..... | 65 | <i>Dextrose-Sodium Chloride</i> | 53 |
| CLINOLIPID..... | 53 | CYCLAFEM 7/7/7..... | 65 | DIACOMIT..... | 36 |
| <i>cloBAZam</i> | 36 | <i>Cyclobenzaprine HCl</i> | 29 | <i>diazePAM</i> | 36, 37 |
| <i>Clobetasol Propionate</i> | 87 | <i>Cyclophosphamide</i> | 16 | DIAZEPAM INTENSOL..... | 36 |
| <i>Clobetasol Propionate E</i> | 87 | <i>CycloSPORINE</i> | 73 | <i>Diazoxide</i> | 34 |
| CLODAN..... | 87 | <i>cycloSPORINE Modified</i> | 73 | <i>Diclofenac Potassium</i> | 49 |
| <i>clomiPRAMINE HCl</i> | 40 | <i>Cyproheptadine HCl</i> | 3 | <i>Diclofenac Sodium</i> | 49, 57 |
| <i>clonazepam</i> | 36 | CYRED..... | 65 | <i>Diclofenac Sodium ER</i> | 49 |
| <i>cloNIDine</i> | 34 | CYRED EQ..... | 66 | <i>Dicloxacillin Sodium</i> | 13 |
| <i>cloNIDine HCl</i> | 34 | CYSTAGON..... | 73 | <i>Dicyclomine HCl</i> | 27 |
| <i>Clopidogrel Bisulfate</i> | 31 | CYSTARAN..... | 57 | DIFICID..... | 11, 12 |
| <i>Clorazepate Dipotassium</i> | 36 | <i>Dabigatran Etexilate Mesylate</i> ... | 29 | <i>Diffunisal</i> | 49 |
| <i>Clotrimazole</i> | 86 | <i>Dalfampridine ER</i> | 73 | <i>Diffuprednate</i> | 57 |
| <i>Clotrimazole-Betamethasone</i> | 86 | <i>Danazol</i> | 61 | DIGITEK..... | 33 |
| <i>cloZAPine</i> | 43 | <i>Dantrolene Sodium</i> | 29 | DIGOX..... | 33 |
| COARTEM..... | 5 | <i>Dapsone</i> | 4 | <i>Digoxin</i> | 33 |
| <i>Codeine Sulfate</i> | 50 | DAPTACEL..... | 84 | <i>Dihydroergotamine Mesylate</i> | 41 |
| <i>Colchicine</i> | 73 | <i>DAPTOmycin</i> | 4 | DILANTIN..... | 37 |
| <i>Colchicine-Probenecid</i> | 73 | <i>Darunavir</i> | 6 | <i>dilTIAZem HCl</i> | 33 |
| <i>Colestipol HCl</i> | 31 | DARZALEX FASPRO..... | 16 | <i>dilTIAZem HCl ER</i> | 33 |
| <i>Colistimethate Sodium (CBA)</i> | 4 | DASETTA 1/35..... | 66 | <i>dilTIAZem HCl ER Beads</i> | 33 |
| COMBIGAN..... | 55 | DASETTA 7/7/7..... | 66 | <i>dilTIAZem HCl ER Coated</i> | |
| COMBIVENT RESPIMAT..... | 28 | DAURISMO..... | 16 | <i>Beads</i> | 33 |
| COMETRIQ (100 MG DAILY | | DAYBUE..... | 74 | <i>Dilt-XR</i> | 33 |
| DOSE)..... | 15 | DAYVIGO..... | 47 | <i>Dimethyl Fumarate</i> | 74 |
| COMETRIQ (140 MG DAILY | | DEBLITANE..... | 66 | <i>Dimethyl Fumarate Starter</i> | |
| DOSE)..... | 16 | <i>Deferasirox</i> | 60 | <i>Pack</i> | 74 |
| COMETRIQ (60 MG DAILY | | <i>Deferiprone</i> | 60 | <i>Diphenoxylate-Atropine</i> | 58 |
| DOSE)..... | 16 | DELSTRIGO..... | 6 | <i>Diphtheria-Tetanus Toxoids DT</i> . | 84 |
| COMFORT ASSIST INSULIN | | DELYLA..... | 66 | <i>Disulfiram</i> | 74 |
| SYRINGE..... | 80 | <i>Demeclocycline HCl</i> | 14 | DIURIL..... | 53 |
| COMPLERA..... | 6 | DEPO-SUBQ PROVERA 104... | 71 | <i>Divalproex Sodium</i> | 37 |
| COMPRO..... | 58 | DEPO-TESTOSTERONE..... | 61 | <i>Divalproex Sodium ER</i> | 37 |
| <i>Constulose</i> | 52 | DESCOVY..... | 6 | <i>Dofetilide</i> | 31 |
| COPAXONE..... | 73 | <i>Desipramine HCl</i> | 40 | <i>Donepezil HCl</i> | 28 |
| COPIKTRA..... | 16 | <i>Desmopressin Ace Spray Refrig</i> . | 70 | DOPTELET..... | 30 |
| CORLANOR..... | 33 | <i>Desmopressin Acetate</i> | 70 | <i>Dorzolamide HCl</i> | 55 |
| CORTROPHIN..... | 73 | <i>Desmopressin Acetate Spray</i> | 70 | <i>Dorzolamide HCl-Timolol Mal</i> ... | 55 |
| COSENTYX..... | 73 | <i>Desogestrel-Ethinyl Estradiol</i> | 66 | DOVATO..... | 6 |
| COSENTYX (300 MG DOSE)... | 73 | <i>Desonide</i> | 87 | <i>Doxazosin Mesylate</i> | 31 |
| COSENTYX SENSOREADY | | <i>Desoximetasone</i> | 87 | <i>Doxepin HCl</i> | 40, 47 |
| (300 MG)..... | 73 | <i>Desvenlafaxine Succinate ER</i> | 40 | DOXY 100..... | 14 |
| COSENTYX SENSOREADY | | <i>Dexamethasone</i> | 61 | <i>Doxycycline Hyclate</i> | 14 |
| PEN..... | 73 | <i>dexAMETHasone</i> | 61 | <i>Doxycycline Monohydrate</i> | 14 |
| COSENTYX UNOREADY..... | 73 | <i>Dexamethasone Sodium</i> | | DRIZALMA SPRINKLE..... | 40 |
| COTELLIC..... | 16 | <i>Phosphate</i> | 57 | <i>Dronabinol</i> | 58 |
| CREON..... | 59 | <i>Dexlansoprazole</i> | 59 | DROXIA..... | 16 |

| | | | | | |
|---|------|---|------------|--|--------|
| <i>Droxidopa</i> | 33 | EPIDIOLEX..... | 37 | <i>Felodipine ER</i> | 33 |
| DUAVEE..... | 70 | <i>Epinastine HCl</i> | 55 | FEMYNOR..... | 66 |
| DULERA..... | 81 | <i>EPINEPHrine</i> | 82 | <i>Fenofibrate</i> | 31 |
| <i>DULoxetine HCl</i> | 40 | EPITOL..... | 37 | <i>Fenofibrate Micronized</i> | 31 |
| DUPIXENT..... | 74 | EPIVIR HBV..... | 9 | <i>Fenofibric Acid</i> | 31 |
| <i>Dutasteride</i> | 72 | EPKINLY..... | 16 | <i>fentaNYL</i> | 50 |
| DYSPORT..... | 74 | <i>Eplerenone</i> | 34 | <i>fentaNYL Citrate</i> | 50 |
| <i>EC-Naproxen</i> | 49 | EPRONTIA..... | 37 | <i>Fesoterodine Fumarate ER</i> | 90 |
| <i>Econazole Nitrate</i> | 86 | ERIVEDGE..... | 16 | FETZIMA..... | 40 |
| EDURANT..... | 6 | ERLEADA..... | 16 | FETZIMA TITRATION..... | 40 |
| <i>Efavirenz</i> | 6 | <i>Erlotinib HCl</i> | 17 | FIASP..... | 62 |
| <i>Efavirenz-Emtricitab-Tenof</i> | | ERRIN..... | 66 | FIASP FLEXTOUCH..... | 62 |
| <i>DF</i> | 6 | <i>Ertapenem Sodium</i> | 4 | FIASP PENFILL..... | 62 |
| <i>Efavirenz-lamiVUDine-</i> | | <i>Ery</i> | 86 | FIASP PUMPCART..... | 62 |
| <i>Tenofovir</i> | 6 | ERY-TAB..... | 12 | FILSPARI..... | 34 |
| ELIGARD..... | 16 | ERYTHROCIN STEARATE.... | 12 | FILSUVEZ..... | 75 |
| ELINEST..... | 66 | <i>Erythromycin</i> | 12, 56, 86 | <i>Finasteride</i> | 72 |
| ELIQUIS..... | 29 | <i>Erythromycin Base</i> | 12 | <i>Fingolimod HCl</i> | 75 |
| ELIQUIS DVT/PE STARTER | | <i>Erythromycin Ethylsuccinate</i> | 12 | FINTEPLA..... | 37 |
| PACK..... | 29 | <i>Erythromycin Stearate</i> | 12 | FIRMAGON..... | 17 |
| ELIXOPHYLLIN..... | 82 | <i>Escitalopram Oxalate</i> | 40 | FIRMAGON (240 MG DOSE)... | 17 |
| ELMIRON..... | 74 | <i>Esomeprazole Magnesium</i> | 59 | <i>FlavoxATE HCl</i> | 90 |
| ELURYNG..... | 66 | ESTARYLLA..... | 66 | <i>Flecainide Acetate</i> | 31 |
| EMCYT..... | 16 | <i>Estradiol</i> | 70 | <i>Fluconazole</i> | 5 |
| EMEND..... | 58 | ESTRING..... | 70 | <i>Fluconazole in Sodium Chloride</i> .. | 5 |
| EMGALITY..... | 41 | <i>Ethambutol HCl</i> | 8 | <i>Flucytosine</i> | 5 |
| EMGALITY (300 MG DOSE)... | 41 | <i>Ethosuximide</i> | 37 | <i>Fludrocortisone Acetate</i> | 61 |
| EMOQUETTE..... | 66 | <i>Ethinodiol Diac-Eth Estradiol</i> ... | 66 | <i>Flunisolide</i> | 57 |
| EMSAM..... | 42 | <i>Etodolac</i> | 49 | <i>Fluocinolone Acetonide</i> | 87 |
| <i>Emtricitabine</i> | 6 | <i>Etodolac ER</i> | 49 | <i>Fluocinolone Acetonide Body</i> | 87 |
| <i>Emtricitabine-Tenofovir DF</i> | 7 | <i>Etonogestrel-Ethinyl Estradiol</i> ... | 66 | <i>Fluocinolone Acetonide Scalp</i> | 87 |
| EMTRIVA..... | 7 | <i>Etravirine</i> | 7 | <i>Fluocinonide</i> | 87, 88 |
| EMZAHH..... | 66 | EUTHYROX..... | 71 | <i>Fluorometholone</i> | 57 |
| <i>Enalapril Maleate</i> | 34 | <i>Everolimus</i> | 17, 74 | <i>Fluorouracil</i> | 89 |
| <i>Enalapril-Hydrochlorothiazide</i> .. | 34 | EVOTAZ..... | 7 | <i>FLUoxetine HCl</i> | 40 |
| ENBREL..... | 74 | EVRYSDI..... | 48 | <i>fluPHENAZine Decanoate</i> | 44 |
| ENBREL MINI..... | 74 | EXEL COMFORT POINT PEN | | <i>FluPHENAZine HCl</i> | 44 |
| ENBREL SURECLICK..... | 74 | NEEDLE..... | 80 | <i>Flurbiprofen</i> | 49 |
| ENDOCET..... | 50 | <i>Exemestane</i> | 17 | <i>Flurbiprofen Sodium</i> | 57 |
| ENGERIX-B..... | 85 | EXKIVITY..... | 17 | <i>Fluticasone Propionate</i> | 57, 88 |
| ENILLORING..... | 66 | <i>Ezetimibe</i> | 31 | <i>Fluticasone Propionate Diskus</i> ... | 81 |
| <i>Enoxaparin Sodium</i> | 29 | FABHALTA..... | 74 | <i>Fluticasone Propionate HFA</i> | 81 |
| ENPRESSE-28..... | 66 | FALMINA..... | 66 | <i>Fluticasone-Salmeterol</i> | 81 |
| ENSKYCE..... | 66 | <i>Famciclovir</i> | 9 | <i>fluvoxaMINE Maleate</i> | 40 |
| ENSPRYNG..... | 74 | <i>Famotidine</i> | 59 | FML FORTE..... | 57 |
| <i>Entacapone</i> | 42 | FANAPT..... | 43 | <i>Fondaparinux Sodium</i> | 29 |
| <i>Entecavir</i> | 9 | FANAPT TITRATION PACK... | 44 | FORTEO..... | 70 |
| ENTRESTO..... | 33 | FARXIGA..... | 62 | <i>Fosamprenavir Calcium</i> | 7 |
| <i>Enulose</i> | 52 | FASENRA..... | 82 | <i>Fosinopril Sodium</i> | 34 |
| ENVARUSUS XR..... | 74 | FASENRA PEN..... | 82 | <i>Fosinopril Sodium-HCTZ</i> | 34 |
| EOHILIA..... | 61 | <i>Febuxostat</i> | 75 | FOTIVDA..... | 17 |
| EPCLUSA..... | 7, 9 | <i>Felbamate</i> | 37 | FRAGMIN..... | 29 |

| | | | | | |
|--|-----------|--|--------|---|--------|
| FRUZAQLA..... | 17 | HAILEY 1.5/30..... | 66 | IBU..... | 49 |
| <i>Furosemide</i> | 53 | HAILEY 24 FE..... | 66 | <i>Ibuprofen</i> | 49 |
| FUZEON..... | 7 | HAILEY FE 1.5/30..... | 66 | <i>Icatibant Acetate</i> | 72 |
| FYCOMPA..... | 37 | HAILEY FE 1/20..... | 66 | ICLEVIA..... | 66 |
| <i>Gabapentin</i> | 37 | <i>Halobetasol Propionate</i> | 88 | ICLUSIG..... | 17 |
| <i>Galantamine Hydrobromide</i> | 28 | HALOETTE..... | 66 | <i>Icosapent Ethyl</i> | 31 |
| <i>Galantamine Hydrobromide ER</i> | 28 | <i>Haloperidol</i> | 44 | IDACIO (2 PEN)..... | 76 |
| GAMMAGARD..... | 75 | <i>Haloperidol Decanoate</i> | 44 | IDACIO (2 SYRINGE)..... | 76 |
| GAMMAGARD S/D LESS | | <i>Haloperidol Lactate</i> | 44 | IDACIO-CROHNS/UC | |
| IGA..... | 75 | HARVONI..... | 9 | STARTER..... | 76 |
| GAMUNEX-C..... | 75 | HAVRIX..... | 85 | IDACIO-PSORIASIS | |
| GARDASIL 9..... | 85 | HEATHER..... | 66 | STARTER..... | 76 |
| GATTEX..... | 59 | <i>Heparin Sodium (Porcine)</i> | 30 | IDHIFA..... | 18 |
| GAVILYTE-C..... | 59 | <i>Heparin Sodium (Porcine) PF</i> ...30 | | <i>Imatinib Mesylate</i> | 18 |
| GAVILYTE-G..... | 59 | HEPLISAV-B..... | 85 | IMBRUVICA..... | 18 |
| GAVILYTE-N WITH | | HETLIOZ LQ..... | 47 | <i>Imipenem-Cilastatin</i> | 12 |
| FLAVOR PACK..... | 59 | HIBERIX..... | 85 | <i>Imipramine HCl</i> | 40 |
| GAVRETO..... | 17 | HUMIRA (2 PEN)..... | 75 | <i>Imiquimod</i> | 89 |
| <i>Gefitinib</i> | 17 | HUMIRA (2 SYRINGE)..... | 75 | IMOVAX RABIES..... | 85 |
| <i>Gemfibrozil</i> | 31 | HUMIRA-CD/UC/HS | | IMVEXXY MAINTENANCE | |
| GEMTESA..... | 75 | STARTER..... | 75 | PACK..... | 70 |
| <i>Generlac</i> | 52 | HUMIRA-PED<40KG | | IMVEXXY STARTER PACK...70 | |
| GENGRAF..... | 75 | CROHNS STARTER..... | 75 | INCASSIA..... | 66 |
| GENOTROPIN..... | 70, 71 | HUMIRA-PED>/=40KG | | INCRELEX..... | 71 |
| GENOTROPIN MINIQUICK...70 | | CROHNS START..... | 76 | INCRUSE ELLIPTA..... | 82 |
| <i>Gentamicin in Saline</i> | 3 | HUMIRA-PED>/=40KG UC | | <i>Indapamide</i> | 53 |
| <i>Gentamicin Sulfate</i> | 3, 56, 86 | STARTER..... | 76 | INFANRIX..... | 84 |
| GENVOYA..... | 7 | HUMIRA-PS/UV/ADOL HS | | INFLECTRA..... | 76 |
| GILOTRIF..... | 17 | STARTER..... | 76 | INGREZZA..... | 48 |
| GLEOSTINE..... | 17 | HUMIRA-PSORIASIS/UVEIT | | INLYTA..... | 18 |
| <i>Glimepiride</i> | 62 | STARTER..... | 76 | INQOVI..... | 18 |
| <i>glipiZIDE</i> | 62 | HUMULIN R U-500 | | INREBIC..... | 18 |
| <i>glipiZIDE ER</i> | 62 | (CONCENTRATED)..... | 62 | <i>Insulin Asp Prot & Asp FlexPen</i> ..62 | |
| <i>GlipiZIDE XL</i> | 62 | HUMULIN R U-500 | | <i>Insulin Aspart</i> | 62 |
| <i>glipiZIDE-metFORMIN HCl</i> | 62 | KWIKPEN..... | 62 | <i>Insulin Aspart FlexPen</i> | 62 |
| <i>Global Alcohol Prep Ease</i> | 80 | <i>hydrALAZINE HCl</i> | 34 | <i>Insulin Aspart PenFill</i> | 62 |
| GLUCAGEN HYPOKIT..... | 65 | <i>hydroCHLOROthiazide</i> | 53 | <i>Insulin Aspart Prot & Aspart</i>62 | |
| <i>Glucagon Emergency</i> | 65 | <i>HYDROcodone-Acetaminophen</i> ..50 | | INTELENCE..... | 7 |
| <i>Glycopyrrolate</i> | 27 | <i>Hydrocodone-Ibuprofen</i> | 50 | INTRALIPID..... | 53 |
| GLYXAMBI..... | 62 | <i>Hydrocortisone</i> | 61, 88 | INTRAROSA..... | 70 |
| GOCOVRI..... | 42 | <i>Hydrocortisone (Perianal)</i> | 88 | INTROVALE..... | 66 |
| GOLYTELY..... | 59 | <i>Hydrocortisone Butyrate</i> | 88 | INVEGA HAFYERA..... | 44 |
| <i>Granisetron HCl</i> | 58 | <i>Hydrocortisone Valerate</i> | 88 | INVEGA SUSTENNA..... | 44 |
| <i>Griseofulvin Microsize</i> | 5 | <i>Hydrocortisone-Acetic Acid</i> | 56 | INVEGA TRINZA..... | 44 |
| <i>Griseofulvin Ultramicrosized</i>5 | | <i>HYDROmorphone HCl</i> | 50 | IPOL..... | 85 |
| <i>guanFACINE HCl</i> | 34 | <i>HYDROmorphone HCl PF</i> | 50 | <i>Ipratropium Bromide</i> | 28, 57 |
| <i>guanFACINE HCl ER</i> | 48 | <i>Hydroxychloroquine Sulfate</i> | 5 | <i>Ipratropium-Albuterol</i> | 28 |
| GVOKE HYPOPEN 1-PACK...65 | | <i>Hydroxyurea</i> | 17 | <i>Irbesartan</i> | 34 |
| GVOKE HYPOPEN 2-PACK...65 | | <i>hydroOXYzine HCl</i> | 47 | <i>Irbesartan-</i> | |
| GVOKE KIT..... | 65 | <i>HydroOXYzine Pamoate</i> | 47 | <i>hydroCHLOROthiazide</i> | 34 |
| GVOKE PFS..... | 65 | <i>Ibandronate Sodium</i> | 76 | ISENTRESS..... | 7 |
| HAEGARDA..... | 72 | IBRANCE..... | 17 | ISENTRESS HD..... | 7 |

| | | | | | |
|-------------------------------------|--------|---------------------------------------|----|--|--------|
| ISIBLOOM..... | 66 | KISQALI FEMARA (200 MG DOSE)..... | 19 | LENVIMA (20 MG DAILY DOSE)..... | 19 |
| <i>Isoniazid</i> | 8 | KISQALI FEMARA (400 MG DOSE)..... | 19 | LENVIMA (24 MG DAILY DOSE)..... | 19 |
| <i>Isosorbide Dinitrate</i> | 35 | KISQALI FEMARA (600 MG DOSE)..... | 19 | LENVIMA (4 MG DAILY DOSE)..... | 19 |
| <i>Isosorbide Mononitrate</i> | 35 | KITABIS PAK..... | 3 | LENVIMA (8 MG DAILY DOSE)..... | 20 |
| <i>ISOtretinoin</i> | 89 | KLAYESTA..... | 87 | LESSINA..... | 67 |
| <i>Itraconazole</i> | 5 | KLOR-CON..... | 54 | <i>Letrozole</i> | 20 |
| <i>Ivabradine HCl</i> | 33 | KLOR-CON 10..... | 54 | <i>Leucovorin Calcium</i> | 76 |
| <i>Ivermectin</i> | 4 | KLOR-CON M10..... | 54 | LEUKERAN..... | 20 |
| IWILFIN..... | 18 | KLOR-CON M15..... | 54 | <i>Leuprolide Acetate</i> | 20 |
| IXCHIQ..... | 85 | KLOR-CON M20..... | 54 | <i>Leuprolide Acetate (3 Month)</i> | 20 |
| IXIARO..... | 85 | KLOXXADO..... | 51 | <i>levETIRAcetam</i> | 38 |
| JAKAFI..... | 18 | KOSELUGO..... | 19 | <i>levETIRAcetam ER</i> | 38 |
| JANTOVEN..... | 30 | KOURZEQ..... | 88 | <i>Levobunolol HCl</i> | 55 |
| JANUMET..... | 62 | KRAZATI..... | 19 | <i>levOCARNitine</i> | 76 |
| JANUMET XR..... | 62, 63 | KURVELO..... | 67 | <i>Levocetirizine Dihydrochloride</i> | 3 |
| JANUVIA..... | 63 | KYNMOBI..... | 42 | <i>levoFLOXacin</i> | 13, 56 |
| JARDIANCE..... | 63 | <i>Labetalol HCl</i> | 32 | <i>levoFLOXacin in D5W</i> | 13 |
| JAVYGTOR..... | 76 | <i>Lacosamide</i> | 37 | LEVONEST..... | 67 |
| JAYPIRCA..... | 18 | <i>Lactulose</i> | 52 | <i>Levonorgest-Eth Estrad 91-Day</i> | 67 |
| JENCYCLA..... | 66 | <i>Lactulose Encephalopathy</i> | 52 | <i>Levonorgestrel-Ethinyl Estrad</i> | 67 |
| JENTADUETO..... | 63 | LAGEVRIO..... | 9 | <i>Levonorg-Eth Estrad Triphasic</i> .. | 67 |
| JENTADUETO XR..... | 63 | <i>LamiVUDine</i> | 7 | LEVORA 0.15/30 (28)..... | 67 |
| JOENJA..... | 76 | <i>lamiVUDine-Zidovudine</i> | 7 | LEVO-T..... | 71 |
| JOLESSA..... | 66 | <i>lamoTRIGine</i> | 37 | <i>Levothyroxine Sodium</i> | 71 |
| JULEBER..... | 66 | <i>lamoTRIGine ER</i> | 37 | LEVOXYL..... | 71 |
| JULUCA..... | 7 | <i>Lanreotide Acetate</i> | 71 | LEXIVA..... | 7 |
| JUNEL 1.5/30..... | 66 | <i>Lansoprazole</i> | 59 | <i>L-Glutamine</i> | 76 |
| JUNEL 1/20..... | 66 | LANTUS..... | 63 | LIBERVANT..... | 38 |
| JUNEL FE 1.5/30..... | 66 | LANTUS SOLOSTAR..... | 63 | <i>Lidocaine</i> | 89 |
| JUNEL FE 1/20..... | 66 | <i>Lapatinib Ditosylate</i> | 19 | <i>Lidocaine HCl</i> | 57 |
| JUNEL FE 24..... | 66 | LARIN 1.5/30..... | 67 | <i>Lidocaine Viscous HCl</i> | 57 |
| JYLAMVO..... | 18 | LARIN 1/20..... | 67 | <i>Lidocaine-Prilocaine</i> | 89 |
| JYNARQUE..... | 76 | LARIN 24 FE..... | 67 | LIDOCAN..... | 89 |
| JYNNEOS..... | 85 | LARIN FE 1.5/30..... | 67 | LILLOW..... | 67 |
| KAITLIB FE..... | 67 | LARIN FE 1/20..... | 67 | <i>Lindane</i> | 89 |
| KALLIGA..... | 67 | LARISSIA..... | 67 | <i>Linezolid</i> | 4 |
| KALYDECO..... | 83 | <i>Latanoprost</i> | 55 | <i>Linezolid in Sodium Chloride</i> | 4 |
| KARIVA..... | 67 | LAYOLIS FE..... | 67 | LINZESS..... | 59 |
| <i>KCl in Dextrose-NaCl</i> | 54 | <i>Leflunomide</i> | 76 | <i>Liothyronine Sodium</i> | 71 |
| KELNOR 1/35..... | 67 | <i>Lenalidomide</i> | 19 | <i>Lisinopril</i> | 34 |
| KELNOR 1/50..... | 67 | LENVIMA (10 MG DAILY DOSE)..... | 19 | <i>Lisinopril-</i> | |
| KERENDIA..... | 34 | LENVIMA (12 MG DAILY DOSE)..... | 19 | <i>hydroCHLOROthiazide</i> | 34 |
| KESIMPTA..... | 76 | LENVIMA (14 MG DAILY DOSE)..... | 19 | <i>Lithium</i> | 49 |
| <i>Ketoconazole</i> | 5, 87 | LENVIMA (18 MG DAILY DOSE)..... | 19 | <i>Lithium Carbonate</i> | 49 |
| <i>Ketorolac Tromethamine</i> | 57 | | | <i>Lithium Carbonate ER</i> | 49 |
| KINRIX..... | 85 | | | LIVMARLI..... | 77 |
| KIONEX..... | 53 | | | LIVTENCITY..... | 9 |
| KISQALI (200 MG DOSE)..... | 18 | | | LOESTRIN 1.5/30 (21)..... | 67 |
| KISQALI (400 MG DOSE)..... | 18 | | | | |
| KISQALI (600 MG DOSE)..... | 19 | | | | |

| | | | | | |
|--------------------------------------|--------|--|-----------|---|--------|
| LOESTRIN 1/20 (21)..... | 67 | <i>Meclizine HCl</i> | 58 | MICROGESTIN FE 1.5/30..... | 67 |
| LOESTRIN FE 1.5/30..... | 67 | <i>medroxyPROGESTERone</i> | | MICROGESTIN FE 1/20..... | 67 |
| LOESTRIN FE 1/20..... | 67 | <i>Acetate</i> | 71 | <i>Midodrine HCl</i> | 33 |
| LOKELMA..... | 54 | <i>MedroxyPROGESTERone</i> | | MIEBO..... | 57 |
| LONSURF..... | 20 | <i>Acetate</i> | 71 | <i>miFEPRISone</i> | 65 |
| <i>Loperamide HCl</i> | 58 | <i>Mefloquine HCl</i> | 5 | <i>Miglitol</i> | 63 |
| <i>Lopinavir-Ritonavir</i> | 7 | <i>Megestrol Acetate</i> | 21 | <i>Miglustat</i> | 77 |
| <i>LORazepam</i> | 48 | MEKINIST..... | 21 | MILI..... | 68 |
| LORAZEPAM INTENSOL..... | 48 | MEKTOVI..... | 21 | MILLIPRED..... | 61 |
| LORBRENA..... | 20 | <i>Meloxicam</i> | 50 | <i>Minocycline HCl</i> | 14 |
| <i>Losartan Potassium</i> | 34 | <i>Memantine HCl</i> | 49 | <i>Minoxidil</i> | 34 |
| <i>Losartan Potassium-HCTZ</i> | 34 | MENACTRA..... | 85 | MIRENA (52 MG)..... | 68 |
| <i>Lovastatin</i> | 32 | MENQUADFI..... | 85 | <i>Mirtazapine</i> | 40 |
| LOW-OGESTREL..... | 67 | MENVEO..... | 85 | <i>miSOPROStol</i> | 59 |
| <i>Loxapine Succinate</i> | 44 | <i>Mercaptopurine</i> | 21 | M-M-R II..... | 85 |
| LUCEMYRA..... | 52 | <i>Meropenem</i> | 12 | <i>Modafinil</i> | 36 |
| LUMAKRAS..... | 20 | <i>Meropenem-Sodium Chloride</i> | 12 | <i>Molindone HCl</i> | 45 |
| LUMIGAN..... | 55 | <i>Mesalamine</i> | 58 | <i>Mometasone Furoate</i> | 57, 88 |
| LUPRON DEPOT (1-MONTH).20 | | <i>Mesalamine ER</i> | 58 | MONDOXYNE NL..... | 14 |
| LUPRON DEPOT (3-MONTH).20 | | <i>Mesalamine-Cleanser</i> | 59 | MONO-LINYAH..... | 68 |
| LUPRON DEPOT (4-MONTH).20 | | MESNEX..... | 77 | <i>Montelukast Sodium</i> | 82 |
| LUPRON DEPOT (6-MONTH).20 | | <i>metFORMIN HCl</i> | 63 | <i>Morphine Sulfate</i> | 50, 51 |
| LUPRON DEPOT-PED (1- | | <i>metFORMIN HCl ER</i> | 63 | <i>Morphine Sulfate (Concentrate)</i> | 50 |
| MONTH)..... | 20 | <i>Methadone HCl</i> | 50 | <i>Morphine Sulfate ER</i> | 50 |
| LUPRON DEPOT-PED (3- | | <i>methazolAMIDE</i> | 55 | MOTPOLY XR..... | 38 |
| MONTH)..... | 20 | <i>Methenamine Hippurate</i> | 14 | MOUNJARO..... | 63 |
| LUPRON DEPOT-PED (6- | | <i>methIMazole</i> | 71 | MOVANTIK..... | 59 |
| MONTH)..... | 21 | <i>Methocarbamol</i> | 29 | <i>Moxifloxacin HCl</i> | 13, 56 |
| <i>Lurasidone HCl</i> | 44, 45 | <i>Methotrexate Sodium</i> | 21 | <i>Moxifloxacin HCl in NaCl</i> | 13 |
| LUTERA..... | 67 | <i>Methotrexate Sodium (PF)</i> | 21 | MRESVIA..... | 85 |
| LYBALVI..... | 45 | <i>Methoxsalen Rapid</i> | 89 | MULTAQ..... | 31 |
| LYLEQ..... | 67 | <i>Methscopolamine Bromide</i> | 28 | <i>Mupirocin</i> | 86 |
| LYMEPAK..... | 14 | <i>Methsuximide</i> | 38 | <i>Mycophenolate Mofetil</i> | 77 |
| LYNPARZA..... | 21 | <i>Methylphenidate HCl</i> | 52 | <i>Mycophenolate Sodium</i> | 77 |
| LYSODREN..... | 21 | <i>Methylphenidate HCl ER</i> | 52 | MYHIBBIN..... | 77 |
| LYTGOBI (12 MG DAILY | | <i>Methylphenidate HCl ER</i> | | MYORISAN..... | 89 |
| DOSE)..... | 21 | (OSM)..... | 52 | MYRBETRIQ..... | 90 |
| LYTGOBI (16 MG DAILY | | <i>methylPREDNISolone</i> | 61 | <i>Nabumetone</i> | 50 |
| DOSE)..... | 21 | <i>Metoclopramide HCl</i> | 59 | <i>Nadolol</i> | 32 |
| LYTGOBI (20 MG DAILY | | <i>metOLazone</i> | 53 | <i>Naloxone HCl</i> | 51 |
| DOSE)..... | 21 | <i>Metoprolol Succinate ER</i> | 32 | <i>Naltrexone HCl</i> | 51 |
| LYZA..... | 67 | <i>Metoprolol Tartrate</i> | 32 | NAMZARIC..... | 28 |
| <i>Magnesium Sulfate</i> | 38 | <i>Metoprolol-</i> | | <i>Naproxen</i> | 50 |
| <i>Malathion</i> | 89 | <i>hydroCHLOROthiazide</i> | 32 | <i>Naproxen DR</i> | 50 |
| <i>Maraviroc</i> | 7 | <i>metroNIDAZOLE</i> | 6, 86, 88 | <i>Naproxen Sodium</i> | 50 |
| <i>Marlissa</i> | 67 | <i>metryoSINE</i> | 77 | NATACYN..... | 56 |
| MARPLAN..... | 40 | <i>Mexiletine HCl</i> | 31 | <i>Nateglinide</i> | 70 |
| MATULANE..... | 21 | <i>Micafungin Sodium-NaCl</i> | 5 | NAYZILAM..... | 38 |
| MAVYRET..... | 9 | <i>Miconazole 3</i> | 87 | NECON 0.5/35 (28)..... | 68 |
| MAXIDEX..... | 57 | MICROGESTIN 1.5/30..... | 67 | NECON 1/35 (28)..... | 68 |
| MAYZENT..... | 77 | MICROGESTIN 1/20..... | 67 | <i>Nefazodone HCl</i> | 40 |
| MAYZENT STARTER PACK.. | 77 | MICROGESTIN 24 FE..... | 67 | <i>Neomycin Sulfate</i> | 3 |

| | | | | | |
|---|--------|--|--------|---|--------|
| <i>Neomycin-Bacitracin Zn-Polymyx</i> | 56 | NOVOLIN R..... | 63 | OMNIPOD DASH PODS (GEN 4)..... | 81 |
| <i>Neomycin-Polymyxin-Dexameth</i> | 56 | NOVOLIN R FLEXPEN..... | 63 | OMNIPOD GO..... | 81 |
| <i>Neomycin-Polymyxin-Gramicidin</i> | 56 | NOVOLOG..... | 63 | OMNIPOD POD PALS..... | 81 |
| <i>Neomycin-Polymyxin-HC</i> | 56 | NOVOLOG FLEXPEN..... | 63 | <i>Ondansetron</i> | 58 |
| NEO-POLYCIN..... | 56 | NOVOLOG MIX 70/30..... | 63 | <i>Ondansetron HCl</i> | 58 |
| NEO-POLYCIN HC..... | 56 | NOVOLOG MIX 70/30 FLEXPEN..... | 63 | ONUREG..... | 22 |
| NERLYNX..... | 21 | NOVOLOG PENFILL..... | 63 | OPSUMIT..... | 83 |
| <i>Nevirapine</i> | 7 | NOVOLOG PENFILL..... | 63 | OPVEE..... | 51 |
| <i>Nevirapine ER</i> | 7 | NOVOPEN ECHO..... | 80 | ORALONE..... | 88 |
| NEXPLANON..... | 68 | NUBEQA..... | 21 | ORFADIN..... | 77 |
| <i>Niacin ER (Antihyperlipidemic)</i> | 32 | NUDEXTA..... | 49 | ORGOVYX..... | 22 |
| NIACOR..... | 32 | NUPLAZID..... | 45 | ORKAMBI..... | 83 |
| NICOTROL..... | 28 | NURTEC..... | 41 | <i>Orphenadrine Citrate ER</i> | 29 |
| NICOTROL NS..... | 28 | NUTRILIPID..... | 53 | ORSERDU..... | 22 |
| <i>NIFEdipine ER</i> | 33 | NYAMYC..... | 87 | ORSYTHIA..... | 68 |
| <i>NIFEdipine ER Osmotic Release</i> | 33 | NYLIA 1/35..... | 68 | <i>Oseltamivir Phosphate</i> | 9 |
| <i>Nilutamide</i> | 21 | NYLIA 7/7/7..... | 68 | OTEZLA..... | 77 |
| <i>niMODipine</i> | 33 | NYMYO..... | 68 | <i>Oxacillin Sodium</i> | 13 |
| NINLARO..... | 21 | <i>Nystatin</i> | 5, 87 | <i>Oxacillin Sodium in Dextrose</i> | 13 |
| <i>Nitazoxanide</i> | 6 | <i>Nystatin-Triamcinolone</i> | 87 | OXBRYTA..... | 77 |
| <i>Nitisinone</i> | 77 | NYSTOP..... | 87 | <i>OXcarbazepine</i> | 38 |
| NITRO-BID..... | 35 | <i>Octreotide Acetate</i> | 71 | <i>oxyBUTYnin Chloride</i> | 90 |
| <i>Nitrofurantoin</i> | 14 | ODEFSEY..... | 7 | <i>Oxybutynin Chloride</i> | 90 |
| <i>Nitrofurantoin Macrocrystal</i> | 14 | ODOMZO..... | 22 | <i>Oxybutynin Chloride ER</i> | 90 |
| <i>Nitrofurantoin Monohyd Macro</i> | 14 | OFEV..... | 83 | <i>OxyCODONE HCl</i> | 51 |
| <i>Nitroglycerin</i> | 35, 89 | <i>Ofloxacin</i> | 13, 56 | <i>oxyCODONE HCl</i> | 51 |
| NITROMIST..... | 35 | OGSIVEO..... | 22 | <i>Oxycodone-Acetaminophen</i> | 51 |
| NORA-BE..... | 68 | OJEMDA..... | 22 | <i>Oxymorphone HCl</i> | 51 |
| <i>Norelgestromin-Eth Estradiol</i> | 68 | OJJAARA..... | 22 | <i>oxyMORphone HCl ER</i> | 51 |
| <i>Norethin Ace-Eth Estrad-FE</i> | 68 | <i>OLANZapine</i> | 45 | OZEMPIC (0.25 OR 0.5 MG/DOSE)..... | 63, 64 |
| <i>Norethindrone</i> | 68 | <i>OLANZapine-FLUoxetine HCl</i> | 40 | OZEMPIC (1 MG/DOSE)..... | 64 |
| <i>Norethindrone Acetate</i> | 71 | <i>Olmесartan Medoxomil-HCTZ</i> | 34 | OZEMPIC (2 MG/DOSE)..... | 64 |
| <i>Norethindrone Acet-Ethinyl Est</i> | 68 | <i>Olopatadine HCl</i> | 55 | PACERONE..... | 31 |
| <i>Norethindron-Ethinyl Estrad-Fe</i> | 68 | <i>Omega-3-acid Ethyl Esters</i> | 32 | <i>Paliperidone ER</i> | 45 |
| <i>Norethin-Eth Estradiol-Fe</i> | 68 | <i>Omeprazole</i> | 59 | <i>Pamidronate Disodium</i> | 77 |
| <i>Norgestimate-Eth Estradiol</i> | 68 | OMNIPOD 5 DEXG7G6 INTRODUCTION..... | 80 | PANRETIN..... | 22 |
| <i>Norgestim-Eth Estrad Triphasic</i> | 68 | OMNIPOD 5 DEXG7G6 PODS..... | 80 | <i>Pantoprazole Sodium</i> | 59 |
| NORLYDA..... | 68 | OMNIPOD 5 G7 INTRODUCTION..... | 81 | <i>Paricalcitol</i> | 80 |
| NORLYROC..... | 68 | OMNIPOD 5 G7 INTRODUCTION..... | 81 | PAROEX..... | 56 |
| NORTREL 0.5/35 (28)..... | 68 | OMNIPOD 5 G7 INTRODUCTION..... | 81 | <i>PARoxetine HCl</i> | 40 |
| NORTREL 1/35 (21)..... | 68 | OMNIPOD 5 G7 INTRODUCTION..... | 81 | <i>PARoxetine HCl ER</i> | 40 |
| NORTREL 1/35 (28)..... | 68 | OMNIPOD CLASSIC PDM (GEN 3)..... | 81 | PAXLOVID (150/100)..... | 9 |
| NORTREL 7/7/7..... | 68 | OMNIPOD CLASSIC PDM (GEN 3)..... | 81 | PAXLOVID (300/100)..... | 9 |
| <i>Nortriptyline HCl</i> | 40 | OMNIPOD CLASSIC PODS (GEN 3)..... | 81 | <i>PAZOPanib HCl</i> | 22 |
| NORVIR..... | 7 | OMNIPOD DASH INTRODUCTION..... | 81 | PEDIARIX..... | 85 |
| NOVOLIN 70/30..... | 63 | OMNIPOD DASH INTRODUCTION..... | 81 | PEDVAX HIB..... | 85 |
| NOVOLIN 70/30 FLEXPEN..... | 63 | OMNIPOD DASH INTRODUCTION..... | 81 | <i>PEG 3350-KCl-Na Bicarb-NaCl</i> | 60 |
| NOVOLIN N..... | 63 | OMNIPOD DASH INTRODUCTION..... | 81 | <i>PEG-3350/Electrolytes</i> | 60 |
| NOVOLIN N FLEXPEN..... | 63 | OMNIPOD DASH PDM (GEN 4)..... | 81 | PEGASYS..... | 9, 10 |

| | | | | | |
|--|--------|---|--------|--|----|
| PEMAZYRE..... | 22 | <i>Potassium Chloride ER</i> | 54 | <i>Propylthiouracil</i> | 71 |
| PENBRAYA..... | 85 | <i>Potassium Citrate ER</i> | 54 | PROQUAD..... | 85 |
| <i>Penciclovir</i> | 88 | PRALUENT..... | 32 | <i>Protriptyline HCl</i> | 41 |
| <i>penicillAMINE</i> | 60 | <i>Pramipexole Dihydrochloride</i> | 42 | PULMICORT FLEXHALER.... | 82 |
| <i>Penicillin G Potassium</i> | 13 | <i>Prasugrel HCl</i> | 31 | PULMOZYME..... | 83 |
| <i>Penicillin V Potassium</i> | 13 | <i>Pravastatin Sodium</i> | 32 | PURIXAN..... | 23 |
| PENTACEL..... | 85 | <i>Praziquantel</i> | 4 | <i>Pyrazinamide</i> | 8 |
| <i>Pentamidine Isethionate</i> | 6 | <i>Prazosin HCl</i> | 31 | <i>Pyridostigmine Bromide</i> | 29 |
| <i>Pentazocine-Naloxone HCl</i> | 52 | PRED MILD..... | 57 | <i>Pyridostigmine Bromide ER</i> | 28 |
| <i>Pentoxifylline ER</i> | 33 | <i>prednisoLONE</i> | 61 | <i>Pyrimethamine</i> | 6 |
| PERIOGARD..... | 56 | <i>prednisoLONE Acetate</i> | 57 | PYRUKYND..... | 78 |
| <i>Permethrin</i> | 89 | <i>PrednisoLONE Sodium</i> | | PYRUKYND TAPER PACK.... | 78 |
| <i>Perphenazine</i> | 45 | <i>Phosphate</i> | 57, 61 | QINLOCK..... | 23 |
| PERSERIS..... | 45 | <i>PredniSONE</i> | 61 | QUADRACEL..... | 85 |
| PFIZERPEN..... | 13 | <i>predniSONE</i> | 61 | <i>QUetiapine Fumarate</i> | 45 |
| <i>Phenelzine Sulfate</i> | 41 | PREDNISONONE INTENSOL..... | 61 | <i>QUetiapine Fumarate ER</i> | 45 |
| PHENobarbital..... | 38 | <i>Preferred Plus Insulin Syringe</i> ... | 81 | <i>Quinapril HCl</i> | 34 |
| <i>Phenytoin</i> | 38 | <i>Pregabalin</i> | 38 | <i>Quinapril-</i> | |
| <i>Phenytoin Sodium Extended</i> | 38 | PREGNYL..... | 70 | <i>hydroCHLOROthiazide</i> | 34 |
| PHESGO..... | 22 | PREHEVBRIO..... | 85 | <i>quiNIDine Gluconate ER</i> | 31 |
| PHILITH..... | 68 | PREMARIN..... | 70 | <i>quiNIDine Sulfate</i> | 31 |
| PIFELTRO..... | 7 | PREMASOL..... | 53 | <i>QuiNINE Sulfate</i> | 6 |
| <i>Pilocarpine HCl</i> | 28, 55 | PREMPHASE..... | 70 | QULIPTA..... | 41 |
| <i>Pimecrolimus</i> | 89 | PREMPRO..... | 70 | RABAVERT..... | 85 |
| <i>Pimozide</i> | 45 | <i>Prenatal</i> | 80 | <i>RABEprazole Sodium</i> | 59 |
| PIMTREA..... | 68 | PREVALITE..... | 32 | RADICAVA ORS..... | 49 |
| <i>Pindolol</i> | 32 | PREVIFEM..... | 68 | RADICAVA ORS STARTER | |
| <i>Pioglitazone HCl</i> | 64 | PREVYMIS..... | 10 | KIT..... | 49 |
| <i>Pioglitazone HCl-Glimepiride</i> | 64 | PREZCOBIX..... | 7 | <i>Raloxifene HCl</i> | 70 |
| <i>Pioglitazone HCl-metFORMIN</i> | | PREZISTA..... | 7, 8 | <i>Ramipril</i> | 34 |
| <i>HCl</i> | 64 | PRIFTIN..... | 8 | <i>Ranolazine ER</i> | 33 |
| <i>Piperacillin Sod-Tazobactam So</i> | 13 | <i>Primaquine Phosphate</i> | 6 | <i>Rasagiline Mesylate</i> | 42 |
| PIQRAY (200 MG DAILY | | <i>Primidone</i> | 38 | RAVICTI..... | 52 |
| DOSE)..... | 22 | PRIORIX..... | 85 | RECLIPSEN..... | 68 |
| PIQRAY (250 MG DAILY | | <i>Probenecid</i> | 77 | RECOMBIVAX HB..... | 85 |
| DOSE)..... | 22 | <i>Prochlorperazine</i> | 58 | REGRANEX..... | 89 |
| PIQRAY (300 MG DAILY | | <i>Prochlorperazine Maleate</i> | 58 | RELAFEN..... | 50 |
| DOSE)..... | 22 | PROCTOCARE-HC..... | 88 | RELENZA DISKHALER..... | 10 |
| <i>Pirfenidone</i> | 83 | PROCTO-MED HC..... | 88 | RELI-ON INSULIN SYRINGE. | 81 |
| PIRMELLA 1/35..... | 68 | PROCTOSOL HC..... | 88 | RELISTOR..... | 60 |
| PIRMELLA 7/7/7..... | 68 | PROCTOZONE-HC..... | 88 | RENFLEXIS..... | 78 |
| <i>Piroxicam</i> | 50 | <i>Progesterone</i> | 71 | <i>Repaglinide</i> | 70 |
| PLEGRIDY..... | 77 | PROGRAF..... | 77 | RESTASIS..... | 57 |
| PLEGRIDY STARTER PACK.. | 77 | PROLASTIN-C..... | 83 | RESTASIS MULTIDOSE..... | 57 |
| <i>Podofilox</i> | 89 | PROLIA..... | 77 | RETACRIT..... | 30 |
| POLYCIN..... | 56 | <i>Promethazine HCl</i> | 3, 58 | RETEVMO..... | 23 |
| <i>Polymyxin B-Trimethoprim</i> | 56 | PROMETHEGAN..... | 58 | REXULTI..... | 45 |
| POMALYST..... | 23 | <i>Propafenone HCl</i> | 31 | REYATAZ..... | 8 |
| PORTIA-28..... | 68 | <i>Propafenone HCl ER</i> | 31 | REZDIFFRA..... | 78 |
| <i>Posaconazole</i> | 5 | <i>Proparacaine HCl</i> | 57 | REZLIDHIA..... | 23 |
| <i>Potassium Chloride</i> | 54 | <i>Propranolol HCl</i> | 32 | REZUROCK..... | 78 |
| <i>Potassium Chloride Crys ER</i> | 54 | <i>Propranolol HCl ER</i> | 32 | RHOPRESSA..... | 55 |

| | | | | | |
|--|--------|--|--------|--|--------|
| <i>Ribavirin</i> | 10 | SIMLIYA..... | 69 | <i>Sulfamethoxazole-Trimethoprim</i> | 13 |
| RIDAURA..... | 78 | <i>Simvastatin</i> | 32 | <i>SulfaSALazine</i> | 13 |
| <i>Rifabutin</i> | 8 | <i>Sirolimus</i> | 78 | SULFATRIM PEDIATRIC..... | 13 |
| <i>Rifampin</i> | 8 | SIRTURO..... | 8 | <i>Sulindac</i> | 50 |
| <i>rifAMPin</i> | 8 | SKYCLARYS..... | 78 | <i>SUMatriptan</i> | 41 |
| <i>Riluzole</i> | 49 | SKYLA..... | 69 | <i>SUMatriptan Succinate</i> | 41, 42 |
| <i>riMANTadine HCl</i> | 10 | SKYRIZI..... | 78, 79 | <i>SUMatriptan Succinate Refill</i> | 42 |
| RINVOQ..... | 78 | SKYRIZI (150 MG DOSE)..... | 78 | <i>SUNitinib Malate</i> | 24 |
| RINVOQ LQ..... | 78 | SKYRIZI PEN..... | 78 | SUNLENCA..... | 8 |
| <i>Risedronate Sodium</i> | 78 | <i>Sodium Chloride</i> | 54 | SYMJEPI..... | 83 |
| <i>risperiDONE</i> | 46 | <i>Sodium Chloride (PF)</i> | 54 | SYMLINPEN 120..... | 64 |
| <i>RisperiDONE</i> | 46 | <i>Sodium Oxybate</i> | 49 | SYMLINPEN 60..... | 64 |
| <i>risperiDONE Microspheres ER</i> .. | 46 | <i>Sodium Phenylbutyrate</i> | 52 | SYMPAZAN..... | 38 |
| <i>Ritonavir</i> | 8 | <i>Sodium Polystyrene Sulfonate</i> | 54 | SYMTUZA..... | 8 |
| <i>Rivastigmine</i> | 29 | SOHONOS..... | 79 | SYNAGIS..... | 10 |
| <i>Rivastigmine Tartrate</i> | 29 | SOLIA..... | 69 | SYNAREL..... | 71 |
| <i>Rizatriptan Benzoate</i> | 41 | <i>Solifenacin Succinate</i> | 90 | SYNJARDY..... | 64 |
| ROCKLATAN..... | 55 | SOLIQUA..... | 64 | SYNJARDY XR..... | 64 |
| <i>Roflumilast</i> | 83 | SOLTAMOX..... | 24 | SYNRIBO..... | 24 |
| <i>rOPINIRole HCl</i> | 42 | SOMATULINE DEPOT..... | 71 | SYNTHROID..... | 71 |
| <i>rOPINIRole HCl ER</i> | 42 | SOMAVERT..... | 71 | TABLOID..... | 24 |
| ROSDAN..... | 88 | <i>SORafenib Tosylate</i> | 24 | TABRECTA..... | 24 |
| <i>Rosuvastatin Calcium</i> | 32 | SORINE..... | 32 | <i>Tacrolimus</i> | 79, 90 |
| ROTARIX..... | 85 | <i>Sotalol HCl</i> | 32 | <i>Tadalafil</i> | 35 |
| ROTATEQ..... | 85 | <i>Sotalol HCl (AF)</i> | 32 | <i>Tadalafil (PAH)</i> | 35 |
| ROWEEPRA..... | 38 | SPEVIGO..... | 79 | TAFINLAR..... | 24 |
| ROZLYTREK..... | 23 | SPIRIVA HANDIHALER..... | 83 | TAGRISSE..... | 24 |
| RUBRACA..... | 23 | SPIRIVA RESPIMAT..... | 83 | TALZENNA..... | 24 |
| <i>Rufinamide</i> | 38 | <i>Spironolactone</i> | 34 | <i>Tamoxifen Citrate</i> | 24 |
| RUKOBIA..... | 8 | <i>Spironolactone-HCTZ</i> | 34 | <i>Tamsulosin HCl</i> | 29 |
| RYBELSUS..... | 64 | SPRINTEC 28..... | 69 | TARINA 24 FE..... | 69 |
| RYDAPT..... | 23 | SPRITAM..... | 38 | TARINA FE 1/20..... | 69 |
| RYLAZE..... | 23 | SPRYCEL..... | 24 | TARINA FE 1/20 EQ..... | 69 |
| SAJAZIR..... | 72 | SPS..... | 54 | TASIGNA..... | 24 |
| SANDIMMUNE..... | 78 | SPS (SODIUM..... | | <i>Tasimelteon</i> | 47 |
| SANTYL..... | 89 | POLYSTYRENE SULF)..... | 54 | TAVNEOS..... | 79 |
| <i>Sapropterin Dihydrochloride</i> | 78 | SRONYX..... | 69 | <i>Tazarotene</i> | 90 |
| SCSEMBLIX..... | 23, 24 | SSD..... | 88 | TAZICEF..... | 11 |
| <i>Scopolamine</i> | 58 | <i>Stamaril</i> | 86 | TAZTIA XT..... | 33 |
| SECUADO..... | 46 | <i>Stavudine</i> | 8 | TAZVERIK..... | 24 |
| <i>Selegiline HCl</i> | 42 | STELARA..... | 79 | TDVAX..... | 84 |
| <i>Selenium Sulfide</i> | 88 | STIOLTO RESPIMAT..... | 83 | TECVAYLI..... | 25 |
| SELZENTRY..... | 8 | STIVARGA..... | 24 | TEFLARO..... | 11 |
| SEREVENT DISKUS..... | 28 | <i>Streptomycin Sulfate</i> | 3 | <i>Temazepam</i> | 47 |
| <i>Sertraline HCl</i> | 41 | STRIBILD..... | 8 | TENCON..... | 47 |
| SETLAKIN..... | 68 | SUBOXONE..... | 52 | TENIVAC..... | 84 |
| SHAROBEL..... | 68 | SUBVENITE..... | 38 | <i>Tenofovir Disoproxil Fumarate</i> | 8 |
| SHINGRIX..... | 85 | <i>Sucralfate</i> | 59 | TEPMETKO..... | 25 |
| SIGNIFOR..... | 71 | <i>Sulfacetamide Sodium</i> | 56 | <i>Terazosin HCl</i> | 31 |
| <i>Sildenafil Citrate</i> | 35 | <i>Sulfacetamide Sodium (Acne)</i> | 88 | <i>Terbinafine HCl</i> | 5 |
| <i>Silver sulfADIAZINE</i> | 88 | <i>Sulfacetamide-prednisoLONE</i> | 56 | <i>Terbutaline Sulfate</i> | 28 |
| SIMBRINZA..... | 55 | <i>sulfADIAZINE</i> | 13 | <i>Terconazole</i> | 87 |

| | | | | | |
|---|--------|--------------------------------------|--------|---|--------|
| <i>Teriflunomide</i> | 79 | TRESIBA | 64 | TYBOST | 79 |
| <i>Teriparatide</i> | 70 | TRESIBA FLEXTOUCH | 64 | TYMLOS | 70 |
| <i>Testosterone</i> | 61 | <i>Tretinoin</i> | 25, 90 | TYPHIM VI | 86 |
| <i>Testosterone Cypionate</i> | 61 | TRI FEMYNOR | 69 | UBRELVY | 42 |
| <i>Testosterone Enanthate</i> | 61 | <i>Triamcinolone Acetonide</i> | 88 | UKONIQ | 25 |
| <i>Tetanus-Diphtheria Toxoids Td</i> .. | 84 | <i>Triamterene-HCTZ</i> | 53 | UNITHROID | 71 |
| <i>Tetrabenazine</i> | 49 | TRIDACAINE II | 90 | UPTRAVI | 84 |
| <i>Tetracycline HCl</i> | 14 | TRIDERM | 88 | UPTRAVI TITRATION | 84 |
| THALOMID | 79 | <i>Trientine HCl</i> | 60 | <i>Ursodiol</i> | 60 |
| <i>Theophylline</i> | 83 | TRI-ESTARYLLA | 69 | UZEDY | 46 |
| <i>Theophylline ER</i> | 83 | <i>Trifluoperazine HCl</i> | 46 | <i>valACYclovir HCl</i> | 10 |
| THERMAZENE | 89 | <i>Trifluridine</i> | 57 | VALCHLOR | 25 |
| <i>Thioridazine HCl</i> | 46 | <i>Trihexyphenidyl HCl</i> | 42 | <i>valGANciclovir HCl</i> | 10 |
| <i>Thiothixene</i> | 46 | TRIJARDY XR | 64 | <i>Valproic Acid</i> | 38 |
| TIADYLT ER | 33 | TRIKAFTA | 83 | <i>Valsartan</i> | 34 |
| <i>tiaGABine HCl</i> | 38 | TRI-LEGEST FE | 69 | <i>Valsartan-</i> | |
| TIBSOVO | 25 | TRI-LINYAH | 69 | <i>hydroCHLOROthiazide</i> | 34 |
| TICOVAC | 86 | TRI-LO-ESTARYLLA | 69 | VALTOCO 10 MG DOSE | 38 |
| <i>Tigecycline</i> | 14 | TRI-LO-MARZIA | 69 | VALTOCO 15 MG DOSE | 39 |
| TILIA FE | 69 | TRI-LO-MILI | 69 | VALTOCO 20 MG DOSE | 39 |
| <i>Timolol Maleate</i> | 32, 55 | TRI-LO-SPRINTEC | 69 | VALTOCO 5 MG DOSE | 39 |
| <i>Tinidazole</i> | 6 | <i>Trimethoprim</i> | 14 | <i>Vancomycin HCl</i> | 4 |
| TIVICAY | 8 | TRI-MILI | 69 | VANFLYTA | 25 |
| TIVICAY PD | 8 | <i>Trimipramine Maleate</i> | 41 | VAQTA | 86 |
| <i>tiZANidine HCl</i> | 29 | TRINESSA (28) | 69 | <i>Varenicline Tartrate</i> | 28 |
| TOBRADEX | 56 | TRINTELLIX | 41 | <i>Varenicline Tartrate (Starter)</i> | 28 |
| <i>Tobramycin</i> | 4, 56 | TRI-NYMYO | 69 | VARIVAX | 86 |
| <i>Tobramycin Sulfate</i> | 4 | TRI-PREVIFEM | 69 | VARIZIG | 86 |
| <i>Tobramycin-Dexamethasone</i> | 56 | TRI-SPRINTEC | 69 | VASCEPA | 32 |
| <i>Tolcapone</i> | 42 | TRIUMEQ | 8 | VELIVET | 69 |
| <i>Tolterodine Tartrate ER</i> | 90 | <i>Triumeq PD</i> | 8 | VELSIPITY | 79 |
| <i>Topiramate</i> | 38 | TRIVORA (28) | 69 | VELTASSA | 54 |
| <i>Toremifene Citrate</i> | 25 | TRI-VYLIBRA | 69 | VEMLIDY | 10 |
| TORPENZ | 25 | TRI-VYLIBRA LO | 69 | VENCLEXTA | 25, 26 |
| <i>Torseamide</i> | 53 | TRIZIVIR | 8 | VENCLEXTA STARTING | |
| TOUJEO MAX SOLOSTAR | 64 | TROPHAMINE | 53 | PACK | 26 |
| TOUJEO SOLOSTAR | 64 | TRULICITY | 64 | <i>Venlafaxine Besylate ER</i> | 41 |
| TPN ELECTROLYTES | 54 | TRUMENBA | 86 | <i>Venlafaxine HCl</i> | 41 |
| TRADJENTA | 64 | TRUQAP | 25 | <i>Venlafaxine HCl ER</i> | 41 |
| <i>traMADol HCl</i> | 51 | TRUSELTIQ (100MG DAILY | | VEOZAH | 49 |
| <i>traMADol HCl (ER Biphasic)</i> | 51 | DOSE) | 25 | <i>Verapamil HCl</i> | 33 |
| <i>traMADol HCl ER</i> | 51 | TRUSELTIQ (125MG DAILY | | <i>Verapamil HCl ER</i> | 33 |
| <i>traMADol-Acetaminophen</i> | 51 | DOSE) | 25 | VERQUVO | 33 |
| <i>Trandolapril</i> | 34 | TRUSELTIQ (50MG DAILY | | VERSACLOZ | 46 |
| <i>Tranexamic Acid</i> | 79 | DOSE) | 25 | VERZENIO | 26 |
| <i>Tranylecypromine Sulfate</i> | 41 | TRUSELTIQ (75MG DAILY | | V-GO 20 | 81 |
| TRAVASOL | 53 | DOSE) | 25 | V-GO 30 | 81 |
| <i>traZODone HCl</i> | 41 | TUKYSA | 25 | V-GO 40 | 81 |
| TRECTOR | 9 | TULANA | 69 | VIENVA | 69 |
| TRELEGY ELLIPTA | 83 | TURALIO | 25 | <i>Vigabatrin</i> | 39 |
| TRELSTAR MIXJECT | 25 | TURQOZ | 69 | VIGADRONE | 39 |
| TREMFYA | 79 | TWINRIX | 86 | VIGAFYDE | 39 |

| | | | |
|------------------------------|----|-----------------------------------|----|
| VIGPODER..... | 39 | XPOVIO (40 MG TWICE | |
| VIJOICE..... | 26 | WEEKLY)..... | 27 |
| <i>Vilazodone HCl</i> | 41 | XPOVIO (60 MG ONCE | |
| <i>Viorele</i> | 69 | WEEKLY)..... | 27 |
| VIRACEPT..... | 8 | XPOVIO (60 MG TWICE | |
| VIREAD..... | 8 | WEEKLY)..... | 27 |
| VITRAKVI..... | 26 | XPOVIO (80 MG ONCE | |
| VIZIMPRO..... | 26 | WEEKLY)..... | 27 |
| VOLNEA..... | 69 | XPOVIO (80 MG TWICE | |
| VONJO..... | 26 | WEEKLY)..... | 27 |
| <i>Voriconazole</i> | 5 | XTANDI..... | 27 |
| VOSEVI..... | 10 | XULANE..... | 69 |
| VOWST..... | 60 | XULTOPHY..... | 64 |
| VOXZOGO..... | 79 | YARGESA..... | 80 |
| VRAYLAR..... | 46 | YF-VAX..... | 86 |
| VUMERITY..... | 79 | YONSA..... | 27 |
| VYFEMLA..... | 69 | ZAFEMY..... | 69 |
| VYJUVEK..... | 79 | <i>Zafirlukast</i> | 82 |
| VYLIBRA..... | 69 | <i>Zaleplon</i> | 47 |
| VYZULTA..... | 55 | ZARXIO..... | 30 |
| <i>Warfarin Sodium</i> | 30 | ZEJULA..... | 27 |
| WELIREG..... | 26 | ZELBORAF..... | 27 |
| WERA..... | 69 | ZEMAIRA..... | 84 |
| WINREVAIR..... | 84 | ZENATANE..... | 90 |
| WIXELA INHUB..... | 82 | ZENPEP..... | 60 |
| XALKORI..... | 26 | ZENZEDI..... | 36 |
| XARELTO..... | 30 | ZEPOSIA..... | 80 |
| XARELTO STARTER PACK... 30 | | ZEPOSIA 7-DAY STARTER | |
| XATMEP..... | 26 | PACK..... | 80 |
| XCOPRI..... | 39 | ZEPOSIA STARTER KIT..... | 80 |
| XCOPRI (250 MG DAILY | | <i>Zidovudine</i> | 8 |
| DOSE)..... | 39 | ZIEXTENZO..... | 30 |
| XCOPRI (350 MG DAILY | | ZIMHI..... | 51 |
| DOSE)..... | 39 | <i>Ziprasidone HCl</i> | 46 |
| XDEMVY..... | 57 | <i>Ziprasidone Mesylate</i> | 47 |
| XELJANZ..... | 80 | ZIRGAN..... | 57 |
| XELJANZ XR..... | 80 | ZOLINZA..... | 27 |
| XEOMIN..... | 80 | <i>Zolpidem Tartrate</i> | 47 |
| XERMELO..... | 58 | ZONISADE..... | 39 |
| XGEVA..... | 80 | <i>Zonisamide</i> | 39 |
| XHANCE..... | 57 | ZOSYN..... | 13 |
| XIFAXAN..... | 60 | ZOVIA 1/35 (28)..... | 69 |
| XIGDUO XR..... | 64 | ZTALMY..... | 39 |
| XIIDRA..... | 57 | ZUBSOLV..... | 52 |
| XOLAIR..... | 84 | ZURZUVAE..... | 41 |
| XOLREMDI..... | 27 | ZYDELIG..... | 27 |
| XOSPATA..... | 27 | ZYKADIA..... | 27 |
| XPOVIO (100 MG ONCE | | ZYPREXA RELPREVV..... | 47 |
| WEEKLY)..... | 27 | | |
| XPOVIO (40 MG ONCE | | | |
| WEEKLY)..... | 27 | | |



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

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-401-8251 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-401-8251. 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。通訳をご利用になるには、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 10/1/2024. 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](https://www.HighmarkHealthOptions.com/Duals).



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