Highmark Health Options Duals

2027 Formulary

List of Covered Plans

Highmark Health Options Duals (HMO SNP)

List of Covered Drugs or "Drug List"

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

This formulary was updated on October 23, 2026.

For more recent information or other questions, please contact:

Highmark Health Options Duals Pharmacy Service at 1-833-957-0025 (TTY users should call 711), seven days a week, 8 a.m. - 8 p.m. ET, from October 1 through March 31. From April 1 through September 30, our business hours are Monday through Friday 8 a.m. - 8 p.m. ET, or visit **www.Highmark.com/hhoduals/wv**.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Highmark Health Options Duals.

When it refers to “plan” or “our plan,” it means Highmark Health Options Duals.

This document includes a Drug List (formulary) for our plan, which is current as of October 23, 2026. 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, 2028, and from time to time during the year.

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

Can the formulary change?

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

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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2028 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 23, 2026. To get updated information about the dr ugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, members will be notified by mail and prospective members will receive an update with this formulary. The most up-to-date formulary is available on our website, **www.Highmark.com/hhoduals/wv**.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 3. 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 – Hypertension & Lipids.” 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 83 The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 3,

Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets, per 30 days, for 100mg Drug A. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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’s 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 Pharmacy Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Pharmacy Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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's formulary?

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

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

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug while you pursue a formulary exception.

The above transition process will be implemented to accommodate you if you have an immediate need for a non-formulary drug or a drug that requires prior authorization due to a change in your level of care while you are waiting for an exception request to be processed.

For more information

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

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

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

Highmark Health Options Duals formulary

The formulary that begins on the next page provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

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

The following is a formulary Format Example Only:

Drug Name	Drug Tier	Requirements/ Limits
Anti-Infectives		
XYZ DRUG	NF	QL-28

This formulary has 5-tiers. They are:

Drug Tier
Tier 1 - Preferred Generics
Tier 2 - Generic
Tier 3 - Preferred Brand
Tier 4 - Non-Preferred Brand
Tier 5 - Specialty

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italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
1 = Preferred Generic
2 = Generic
3 = Preferred Brand
4 = Non-Preferred Drug
5 = Specialty Tier

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 services 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

Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
Antihistamine Drugs		
Cetirizine HCl Oral Solution 5 MG/5ML	2	
Cyproheptadine HCl Oral Syrup 2 MG/5ML	4	PA; NEDS
Cyproheptadine HCl Oral Tablet	4	PA; NEDS
Levocetirizine Dihydrochloride Oral Tablet	2	
Promethazine HCl Oral Solution 6.25 MG/5ML	4	PA; NEDS
Promethazine HCl Oral Tablet	4	PA; NEDS
Antiinfective Agent		
Hepatitis Agent		
HEPCLUDEX	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
VOSEVI	5	PA; Not available at mail-order; QL (28 EA per 28 days); NEDS
Anti-Infective Agents		
Aminoglycosides		
Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML	4	NEDS
ARIKAYCE	5	PA; Not available at mail-order; QL (252 ML per 30 days); NEDS
Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%	4	NEDS
Gentamicin Sulfate Injection	2	

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

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ABELCET	4	B/D; NEDS
Amphotericin B Intravenous	4	B/D; NEDS
Amphotericin B Liposome	5	B/D; NEDS
Caspofungin Acetate	4	NEDS
CRESEMBA ORAL CAPSULE 186 MG	5	QL (70 EA per 30 days); NEDS
CRESEMBA ORAL CAPSULE 74.5 MG	5	QL (175 EA per 30 days); NEDS
Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%	4	NEDS
Fluconazole Oral	2	
Flucytosine Oral	5	NEDS
Griseofulvin Microsize Oral Suspension	2	
Griseofulvin Microsize Oral Tablet	4	NEDS
Griseofulvin Ultramicrosize Oral Tablet 125 MG	2	
Griseofulvin Ultramicrosize Oral Tablet 250 MG	4	NEDS
Itraconazole Oral Capsule	4	QL (120 EA per 30 days); NEDS
Itraconazole Oral Solution	4	NEDS
Ketoconazole Oral	2	
Micafungin Sodium	3	NEDS
Micafungin Sodium-NaCl Intravenous Solution 150-0.9 MG/150ML-%	5	NEDS
Nystatin Mouth/Throat Suspension 100000 UNIT/ML	2	
Nystatin Oral Tablet	2	
Posaconazole Oral Suspension	5	PA; QL (630 ML per 30 days); NEDS
Posaconazole Oral Tablet Delayed Release	5	PA; QL (93 EA per 30 days); NEDS
Terbinafine HCl Oral	2	QL (30 EA per 30 days)
Voriconazole Intravenous Solution Reconstituted	4	PA; NEDS
Voriconazole Oral Suspension Reconstituted	5	QL (300 ML per 30 days); NEDS
Voriconazole Oral Tablet 200 MG	4	QL (60 EA per 30 days); NEDS
Voriconazole Oral Tablet 50 MG	4	QL (120 EA per 30 days); NEDS
Antimalarials		
Atovaquone Oral	4	NEDS
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG	4	NEDS
Atovaquone-Proguanil HCl Oral Tablet 62.5-25 MG	2	

Drug Name	Drug Tier	Requirements/Limits
Chloroquine Phosphate Oral	4	NEDS
COARTEM	4	NEDS
Hydroxychloroquine Sulfate Oral Tablet 100 MG, 200 MG	2	
Mefloquine HCl	2	
Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG	4	NEDS
Pyrimethamine Oral	5	NEDS
QuiNINE Sulfate Oral	4	NEDS
Antiprotozoals, Miscellaneous		
IMPAVIDO	4	QL (84 EA per 28 days); NEDS
metroNIDAZOLE Intravenous Solution 500 MG/100ML	4	NEDS
metroNIDAZOLE Oral Tablet 250 MG, 500 MG	2	
Nitazoxanide Oral	5	QL (6 EA per 30 days); NEDS
Pentamidine Isethionate Inhalation	2	B/D
Pentamidine Isethionate Injection	4	NEDS
Tinidazole Oral	2	
Antiretrovirals		
Abacavir Sulfate	4	NEDS
Abacavir Sulfate-lamiVUDine	4	NEDS
APRETUDE	5	NEDS
APTIVUS ORAL CAPSULE	5	NEDS
Atazanavir Sulfate	4	NEDS
BIKTARVY	5	NEDS
BIXLENVO	5	QL (30 EA per 30 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 ML per 28 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 ML per 28 days); NEDS
CIMDUO	5	NEDS
Darunavir Oral Tablet 600 MG	4	QL (60 EA per 30 days); NEDS
Darunavir Oral Tablet 800 MG	5	QL (30 EA per 30 days); NEDS
DELSTRIGO	5	NEDS
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT PED	5	QL (180 EA per 30 days); NEDS
Efavirenz Oral Tablet	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Efavirenz-Emtricitab-Tenofo DF	4	NEDS
Efavirenz-lamiVUDine-Tenofovir	4	NEDS
Emtricitabine	4	NEDS
Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 167-250 MG, 200-300 MG	4	NEDS
Emtricitabine-Tenofovir DF Oral Tablet 133-200 MG	5	NEDS
Emtricitab-Rilpivir-Tenofov DF	5	NEDS
EMTRIVA ORAL SOLUTION	4	NEDS
Etravirine Oral Tablet 100 MG	5	QL (120 EA per 30 days); NEDS
Etravirine Oral Tablet 200 MG	5	QL (60 EA per 30 days); NEDS
EVOTAZ	5	QL (30 EA per 30 days); NEDS
Fosamprenavir Calcium	5	NEDS
GENVOYA	5	NEDS
IDVYNSO	5	QL (30 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
ISENTRESS HD	5	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	4	NEDS
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	NEDS
JULUCA	5	NEDS
KALETRA ORAL SOLUTION	4	NEDS
lamiVUDine Oral Solution 10 MG/ML	2	
lamiVUDine Oral Tablet	2	
lamiVUDine-Zidovudine	2	
Lopinavir-Ritonavir Oral Tablet	4	NEDS
Maraviroc Oral Tablet 150 MG	5	QL (60 EA per 30 days); NEDS
Maraviroc Oral Tablet 300 MG	5	QL (120 EA per 30 days); NEDS
Nevirapine	2	
Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG	4	NEDS
NORVIR ORAL PACKET	4	NEDS
ODEFSEY	5	NEDS
PIFELTRO	5	NEDS
PREZCOBIX	5	QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG	5	QL (240 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
REYATAZ ORAL PACKET	5	NEDS
Rilpivirine HCl	5	NEDS
Ritonavir	2	
RUKOBIA	5	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL SOLUTION	3	QL (1800 ML per 30 days)
STRIBILD	5	NEDS
SUNLENCA ORAL TABLET	5	QL (7 EA per 180 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 180 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 180 days); NEDS
SUNLENCA SUBCUTANEOUS	5	QL (3 ML per 180 days); NEDS
SYMTUZA	5	QL (30 EA per 30 days); NEDS
Tenofovir Disoproxil Fumarate	4	NEDS
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days); NEDS
TIVICAY PD	5	QL (180 EA per 30 days); NEDS
TRIUMEQ	5	NEDS
Triumeq PD	5	NEDS
VIRACEPT ORAL TABLET	5	NEDS
VIREAD ORAL POWDER	5	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NEDS
Zidovudine	2	
Antituberculosis Agents		
Ethambutol HCl Oral	2	
Isoniazid Oral	2	
Pretomanid	4	PA; NEDS
PRIFTIN	4	NEDS
Pyrazinamide Oral	2	
Rifabutin	4	NEDS
Rifampin Intravenous	4	NEDS
rifAMPin Oral	2	
SIRTURO	5	PA; Not available at mail-order; NEDS
TRECATOR	3	
Antivirals		
Acyclovir Oral Capsule	2	

Drug Name	Drug Tier	Requirements/Limits
Acyclovir Oral Suspension 200 MG/5ML	4	NEDS
Acyclovir Oral Tablet	2	
Acyclovir Sodium Intravenous Solution	4	B/D; NEDS
Adefovir Dipivoxil	4	NEDS
BARACLUDE ORAL SOLUTION	5	NEDS
Entecavir	4	NEDS
Famciclovir Oral Tablet 125 MG, 250 MG	4	NEDS
Famciclovir Oral Tablet 500 MG	2	
LIVTENCITY	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
MAVYRET ORAL PACKET	5	PA; Not available at mail-order; QL (140 EA per 28 days); NEDS
MAVYRET ORAL TABLET	5	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
Oseltamivir Phosphate Oral Capsule 30 MG	4	QL (84 EA per 180 days); NEDS
Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG	4	QL (42 EA per 180 days); NEDS
Oseltamivir Phosphate Oral Suspension Reconstituted	4	QL (540 ML per 180 days); NEDS
PAXLOVID (150/100)	5	QL (40 EA per 30 days); NEDS
PAXLOVID (300/100 & 150/100)	5	QL (22 EA per 30 days); NEDS
PAXLOVID (300/100)	5	QL (60 EA per 30 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	Not available at mail-order; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	Not available at mail-order; NEDS
PREVYMIS ORAL PACKET	5	PA; QL (120 EA per 30 days); NEDS
PREVYMIS ORAL TABLET	5	PA; QL (28 EA per 28 days); NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	
Ribavirin Oral Capsule	3	Not available at mail-order; NEDS
Ribavirin Oral Tablet 200 MG	3	Not available at mail-order; NEDS
riMANTAdine HCl	2	
Sofosbuvir-Velpatasvir	4	PA; Not available at mail-order; QL (28 EA per 28 days); NEDS
valACYclovir HCl Oral	2	
valGANciclovir HCl Oral Solution Reconstituted	5	NEDS
valGANciclovir HCl Oral Tablet	3	NEDS

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY	5	NEDS
Cephalosporins		
Cefaclor ER	4	NEDS
Cefaclor Oral Capsule	2	
Cefadroxil Oral Capsule	2	
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML	2	
Cefadroxil Oral Suspension Reconstituted 500 MG/5ML	4	NEDS
Cefadroxil Oral Tablet	4	NEDS
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	2	
ceFAZolin Sodium Intravenous Solution Reconstituted 1 GM	4	NEDS
CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%, 2-4 GM/100ML-%	4	NEDS
CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-3 GM-%(50ML)	4	NEDS
Cefdinir	2	
Cefepime HCl Injection Solution Reconstituted 1 GM	2	
Cefepime HCl Intravenous Solution	4	NEDS
Cefepime HCl Intravenous Solution Reconstituted 2 GM	4	NEDS
Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	NEDS
Cefixime Oral Capsule	4	NEDS
Cefixime Oral Suspension Reconstituted	4	NEDS
Cefpodoxime Proxetil	4	NEDS
Cefprozil	2	
Ceftaroline Fosamil	5	NEDS
CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM	2	
cefTAZidime Intravenous	4	NEDS
CefTRIAXone Sodium in Dextrose	4	NEDS
cefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	2	
cefTRIAXone Sodium Intravenous	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
CefTRIAXone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	4	NEDS
Cefuroxime Axetil Oral Tablet	2	
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	4	NEDS
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	4	NEDS
Cephalexin Oral Capsule 250 MG, 500 MG	2	
Cephalexin Oral Suspension Reconstituted	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	4	NEDS
Macrolides		
Azithromycin Intravenous	4	NEDS
Azithromycin Oral Suspension Reconstituted	2	
Azithromycin Oral Tablet	2	
Clarithromycin ER	2	
Clarithromycin Oral	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; QL (136 ML per 10 days); NEDS
Erythromycin Base Oral Tablet	4	NEDS
Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML	4	NEDS
Erythromycin Oral	4	NEDS
Fidaxomicin	5	ST; QL (20 EA per 10 days); NEDS
Miscellaneous B-Lactam Antibiotics		
Aztreonam	4	NEDS
CAYSTON	5	Not available at mail-order; NEDS
CefOXitin Sodium Intravenous	4	NEDS
CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	4	NEDS
Imipenem-Cilastatin	3	NEDS
Meropenem Intravenous Solution Reconstituted 1 GM	3	QL (90 EA per 30 days); NEDS
Meropenem Intravenous Solution Reconstituted 500 MG	3	NEDS

Drug Name	Drug Tier	Requirements/Limits
Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML	3	NEDS
Penicillins		
Amoxicillin Oral Capsule	2	
Amoxicillin Oral Suspension Reconstituted	2	
Amoxicillin Oral Tablet	2	
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	2	
Amoxicillin-Pot Clavulanate ER	2	
Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted	2	
Amoxicillin-Pot Clavulanate Oral Tablet	2	
Amoxicillin-Pot Clavulanate Oral Tablet Chewable 400-57 MG	2	
Ampicillin Oral Capsule 500 MG	2	
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG	2	
Ampicillin Sodium Intravenous	4	NEDS
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	2	
Ampicillin-Sulbactam Sodium Intravenous	4	NEDS
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NEDS
Dicloxacillin Sodium	2	
Oxacillin Sodium in Dextrose Intravenous Solution 2 GM/50ML	4	NEDS
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	4	NEDS
Oxacillin Sodium Intravenous	4	NEDS
Penicillin G Potassium	4	NEDS
Penicillin V Potassium	2	
PFIZERPEN	4	NEDS
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	4	NEDS
Quinolones		
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	2	
Ciprofloxacin in D5W	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
levoFLOXacin in D5W	4	NEDS
levoFLOXacin Intravenous	4	NEDS
levoFLOXacin Ophthalmic	2	
levoFLOXacin Oral Solution	4	NEDS
levoFLOXacin Oral Tablet	2	
Moxifloxacin HCl in NaCl	4	NEDS
Moxifloxacin HCl Intravenous	4	NEDS
Moxifloxacin HCl Oral	2	
Ofloxacin Oral Tablet 400 MG	4	NEDS
Sulfonamides (Systemic)		
sulfADIAZINE Oral	4	NEDS
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	2	
Sulfamethoxazole-Trimethoprim Oral Tablet	2	
SulfaSALAzine Oral	2	
SULFATRIM PEDIATRIC	2	
Tetracyclines		
Avidoxy	4	NEDS
Demeclocycline HCl Oral	4	NEDS
DOXY 100	4	B/D; NEDS
Doxycycline Hyclate Intravenous	4	B/D; NEDS
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	2	
Doxycycline Hyclate Oral Tablet 100 MG, 20 MG	2	
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	2	
Doxycycline Monohydrate Oral Suspension Reconstituted	2	
Doxycycline Monohydrate Oral Tablet 100 MG, 75 MG	2	
Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG	4	NEDS
Minocycline HCl Oral Capsule	2	
Minocycline HCl Oral Tablet 75 MG	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
Tetracycline HCl Oral Capsule	4	NEDS
Tigecycline	4	NEDS
Urinary Anti-Infectives		
Fosfomycin Tromethamine	2	QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Methenamine Hippurate	4	NEDS
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG	2	
Nitrofurantoin Macrocrystal Oral Capsule 25 MG	4	NEDS
Nitrofurantoin Monohyd Macro	4	NEDS
Trimethoprim Oral	4	NEDS
Antineoplastic Agents		
Antineoplastic Agents		
ABIRTEGA	3	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
AKEEGA	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
ALECENSA	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Anastrozole Oral	2	QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
AVMAPKI FAKZYNJA CO-PACK	5	PA (NS); Not available at mail-order; QL (66 EA per 28 days); NEDS
AYVAKIT	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET 3 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 4 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
BALVERSA ORAL TABLET 5 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
BESREMI	5	PA (NS); Not available at mail-order; QL (2 ML per 28 days); NEDS
BESREMI PEN	5	PA (NS); Not available at mail-order; QL (1 ML per 28 days); NEDS
Bexarotene Oral	5	PA (NS); Not available at mail-order; NEDS
Bicalutamide	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
BOSULIF ORAL TABLET 500 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Bosutinib Oral Tablet 400 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
BRUKINSA ORAL CAPSULE	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
BRUKINSA ORAL TABLET	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
CABOMETYX	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
CALQUENCE ORAL TABLET	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
CAVHANZA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA (NS); Not available at mail-order; QL (56 EA per 28 days); NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA (NS); Not available at mail-order; QL (112 EA per 28 days); NEDS
COMETRIQ (60 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (84 EA per 28 days); NEDS
COPIKTRA	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
COTELLIC	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
Cyclophosphamide Oral	3	B/D; NEDS
DANZITEN	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
DARZALEX FASPRO	5	PA (NS); Not available at mail-order; QL (60 ML per 28 days); NEDS
Dasatinib Oral Tablet 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Dasatinib Oral Tablet 20 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
DROXIA	3	

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG	3	PA (NS); Not available at mail-order; QL (1 EA per 84 days); NEDS
ELIGARD SUBCUTANEOUS KIT 30 MG	3	PA (NS); Not available at mail-order; QL (1 EA per 112 days); NEDS
ELIGARD SUBCUTANEOUS KIT 45 MG	3	PA (NS); Not available at mail-order; QL (1 EA per 168 days); NEDS
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA (NS); Not available at mail-order; QL (1 EA per 28 days); NEDS
ENSACOVE	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML	5	PA (NS); Not available at mail-order; QL (1.6 ML per 28 days); NEDS
EPKINLY SUBCUTANEOUS SOLUTION 48 MG/0.8ML	5	PA (NS); Not available at mail-order; QL (3.2 ML per 28 days); NEDS
ERIVEDGE	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
Erlotinib HCl Oral Tablet 100 MG, 150 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Erlotinib HCl Oral Tablet 25 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
EULEXIN	5	PA (NS); QL (180 EA per 30 days); NEDS
Everolimus Oral Tablet 10 MG, 7.5 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Everolimus Oral Tablet 2.5 MG, 5 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Everolimus Oral Tablet Soluble	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Exemestane	4	NEDS
FIRMAGON (240 MG DOSE)	5	PA (NS); Not available at mail-order; NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA (NS); Not available at mail-order; NEDS
FOTIVDA	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA (NS); Not available at mail-order; QL (84 EA per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
GAVRETO	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
Gefitinib	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
GILOTRIF	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
GOMEKLI ORAL CAPSULE	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
GOMEKLI ORAL TABLET SOLUBLE	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
HERNEXEOS	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
Hydroxyurea Oral	2	
HYRNUO	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
IBRANCE	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
IBTROZI	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
IDHIFA	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Imatinib Mesylate Oral Tablet 100 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
Imatinib Mesylate Oral Tablet 400 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION	5	PA (NS); Not available at mail-order; QL (240 ML per 30 days); NEDS
IMBRUVICA ORAL TABLET 140 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL TABLET 280 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Imkeldi	5	PA (NS); Not available at mail-order; QL (280 ML per 28 days); NEDS
INLURIYO	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
INLYTA ORAL TABLET 1 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
INQOVI	5	PA (NS); Not available at mail-order; QL (5 EA per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
INREBIC	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
IWILFIN	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
JAKAFI	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
JAKAFI XR	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
JIDEYTRO ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
JIDEYTRO ORAL TABLET 25 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
JYLAMVO	4	B/D; NEDS
KISQALI (200 MG DOSE)	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
KISQALI (400 MG DOSE)	5	PA (NS); Not available at mail-order; QL (42 EA per 28 days); NEDS
KISQALI (600 MG DOSE)	5	PA (NS); Not available at mail-order; QL (63 EA per 28 days); NEDS
KOMZIFTI	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE 25 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	5	PA (NS); Not available at mail-order; QL (600 EA per 30 days); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	5	PA (NS); Not available at mail-order; QL (360 EA per 30 days); NEDS
KRAZATI	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
Lapatinib Ditosylate	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Lenalidomide	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
LENVIMA (12 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (14 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
LENVIMA (18 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (20 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
LENVIMA (24 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
LENVIMA (4 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Letrozole Oral	2	
LEUKERAN	5	NEDS
Leuprolide Acetate (3 Month)	4	PA (NS); Not available at mail-order; QL (1 EA per 84 days); NEDS
Leuprolide Acetate Injection	4	PA (NS); Not available at mail-order; QL (5.6 EA per 28 days); NEDS
LIFYORLI (125 MG DOSE)	5	PA (NS); Not available at mail-order; QL (18 EA per 28 days); NEDS
LIFYORLI (150 MG DOSE)	5	PA (NS); Not available at mail-order; QL (27 EA per 28 days); NEDS
Lomustine Oral Capsule 10 MG, 40 MG	4	PA (NS); Not available at mail-order; NEDS
Lomustine Oral Capsule 100 MG	5	PA (NS); Not available at mail-order; NEDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA (NS); Not available at mail-order; QL (100 EA per 28 days); NEDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA (NS); Not available at mail-order; QL (80 EA per 28 days); NEDS
LORBRENA ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
LUPRON DEPOT (1-MONTH)	5	PA (NS); Not available at mail-order; QL (1 EA per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA (NS); Not available at mail-order; QL (1 EA per 84 days); NEDS
LUPRON DEPOT (6-MONTH)	5	PA (NS); Not available at mail-order; QL (1 EA per 168 days); NEDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA (NS); Not available at mail-order; QL (1 EA per 28 days); NEDS
LUPRON DEPOT-PED (3-MONTH)	5	PA (NS); Not available at mail-order; QL (1 EA per 84 days); NEDS
LYNPARZA ORAL TABLET	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
LYSODREN	5	Not available at mail-order; NEDS
LYTGOBI (12 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (150 EA per 30 days); NEDS
LYTGOBI (16 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (150 EA per 30 days); NEDS
LYTGOBI (20 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (150 EA per 30 days); NEDS
MATULANE	5	Not available at mail-order; NEDS
Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML	4	PA (NS); NEDS
Megestrol Acetate Oral Tablet	4	PA (NS); NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA (NS); Not available at mail-order; QL (1210 ML per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
MEKTOVI	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
Mercaptopurine Oral Suspension	5	Not available at mail-order; NEDS
Mercaptopurine Oral Tablet	3	NEDS

Drug Name	Drug Tier	Requirements/Limits
Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML	2	B/D
Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML	2	B/D
Methotrexate Sodium Injection Solution Reconstituted	2	B/D
Methotrexate Sodium Oral	2	B/D
MODEYSO	5	PA (NS); Not available at mail-order; QL (20 EA per 28 days); NEDS
NERLYNX	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
Nilotinib D-Tartrate Oral Capsule 150 MG, 200 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
Nilotinib D-Tartrate Oral Capsule 50 MG	5	PA (NS); Not available at mail-order; QL (300 EA per 30 days); NEDS
Nilotinib HCl Oral Capsule 150 MG, 200 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
Nilotinib HCl Oral Capsule 50 MG	5	PA (NS); Not available at mail-order; QL (300 EA per 30 days); NEDS
Nilutamide	5	NEDS
NINLARO	5	PA (NS); Not available at mail-order; QL (6 EA per 30 days); NEDS
NUBEQA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
ODOMZO	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
OGSIVEO ORAL TABLET 50 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA (NS); Not available at mail-order; QL (96 ML per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET	5	PA (NS); Not available at mail-order; QL (24 EA per 28 days); NEDS
OJJAARA	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ONUREG	5	PA (NS); Not available at mail-order; QL (14 EA per 28 days); NEDS
ORGOVYX	5	PA (NS); Not available at mail-order; QL (32 EA per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
PANRETIN	5	PA (NS); QL (60 GM per 30 days); NEDS
PAZOPanib HCl Oral Tablet 200 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
PAZOPanib HCl Oral Tablet 400 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
PEMAZYRE	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
PHESGO	5	PA (NS); Not available at mail-order; NEDS
PIQRAY (200 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (28 EA per 28 days); NEDS
PIQRAY (250 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (56 EA per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE)	5	PA (NS); Not available at mail-order; QL (56 EA per 28 days); NEDS
Pomalidomide	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS
POMALYST	5	PA (NS); Not available at mail-order; QL (21 EA per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
QINLOCK	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
RASONQUE	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
REZLIDHIA	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
ROMVIMZA	5	PA (NS); Not available at mail-order; QL (8 EA per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
ROZLYTREK ORAL PACKET	5	PA (NS); Not available at mail-order; QL (336 EA per 28 days); NEDS
RUBRACA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
RYDAPT	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
RYLAZE	5	PA (NS); Not available at mail-order; NEDS

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	5	PA (NS); Not available at mail-order; QL (300 EA per 30 days); NEDS
SOLTAMOX	5	NEDS
SORAfenib Tosylate	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
STIVARGA	5	PA (NS); Not available at mail-order; QL (84 EA per 28 days); NEDS
SUNItinib Malate	5	PA (NS); Not available at mail-order; QL (28 EA per 28 days); NEDS
TABLOID	4	PA (NS); NEDS
TABRECTA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE	5	PA (NS); Not available at mail-order; QL (900 EA per 30 days); NEDS
TAGRISSO	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
TALZENNA	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
Tamoxifen Citrate Oral	2	
TECVAYLI	5	PA (NS); Not available at mail-order; NEDS
TEPMETKO	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 50 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
TIBSOVO	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Toremifene Citrate	4	NEDS
TORPENZ ORAL TABLET 10 MG, 7.5 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
TORPENZ ORAL TABLET 2.5 MG, 5 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
Tretinoin Oral	5	NEDS
TRUQAP ORAL TABLET 200 MG	5	PA (NS); Not available at mail-order; QL (64 EA per 28 days); NEDS
TRUQAP ORAL TABLET THERAPY PACK	5	PA (NS); Not available at mail-order; QL (64 EA per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA (NS); Not available at mail-order; QL (300 EA per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
VALCHLOR	5	PA (NS); Not available at mail-order; NEDS
VANFLYTA ORAL TABLET 17.7 MG	5	PA (NS); Not available at mail-order; QL (28 EA per 21 days); NEDS
VANFLYTA ORAL TABLET 26.5 MG	5	PA (NS); Not available at mail-order; QL (56 EA per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 100 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
VENCLEXTA STARTING PACK	5	PA (NS); Not available at mail-order; QL (42 EA per 180 days); NEDS
VEPPANU	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
VERZENIO	5	PA (NS); Not available at mail-order; QL (56 EA per 28 days); NEDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
VITRAKVI ORAL SOLUTION	5	PA (NS); Not available at mail-order; QL (300 ML per 30 days); NEDS
VIZIMPRO	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
VONJO	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
WELIREG	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA (NS); Not available at mail-order; QL (420 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
XATMEP	4	B/D; NEDS
XOSPATA	5	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	5	PA (NS); Not available at mail-order; QL (8 EA per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA (NS); Not available at mail-order; QL (16 EA per 28 days); NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); Not available at mail-order; QL (8 EA per 28 days); NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA (NS); Not available at mail-order; QL (4 EA per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY)	5	PA (NS); Not available at mail-order; QL (24 EA per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); Not available at mail-order; QL (8 EA per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA (NS); Not available at mail-order; QL (16 EA per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY)	5	PA (NS); Not available at mail-order; QL (32 EA per 28 days); NEDS
XTANDI ORAL CAPSULE	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
YONSA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
YULITHIRA ORAL TABLET 10 MG, 7.5 MG	2	PA (NS); Not available at mail-order; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
YULITHIRA ORAL TABLET 2.5 MG, 5 MG	2	PA (NS); Not available at mail-order; QL (60 EA per 30 days)
ZEJULA ORAL TABLET	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
ZELBORAF	5	PA (NS); Not available at mail-order; QL (240 EA per 30 days); NEDS
ZENBEXUS	5	PA (NS); QL (21 EA per 28 days); NEDS
ZOLINZA	5	PA (NS); Not available at mail-order; QL (120 EA per 30 days); NEDS
ZYDELIG	5	PA (NS); Not available at mail-order; QL (60 EA per 30 days); NEDS
ZYKADIA ORAL TABLET	5	PA (NS); Not available at mail-order; QL (90 EA per 30 days); NEDS
Autonomic Drugs		
Antimuscarinics/Antispasmodics		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
Dicyclomine HCl Oral Capsule	4	PA; NEDS
Dicyclomine HCl Oral Solution 10 MG/5ML	4	PA; NEDS
Dicyclomine HCl Oral Tablet 20 MG	4	PA; NEDS
Glycopyrrolate Oral Tablet 1 MG, 2 MG	2	
Ipratropium Bromide Inhalation	2	B/D; QL (300 ML per 30 days)
Autonomic Drugs, Miscellaneous		
NICOTROL NS	3	
Varenicline Tartrate (Starter)	4	NEDS
Varenicline Tartrate Oral Tablet	4	QL (336 EA per 168 days); NEDS
Varenicline Tartrate(Continue)	4	QL (336 EA per 168 days); NEDS
Beta-Adrenergic Agonists		
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	2	QL (17 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)	2	QL (13.4 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)	2	QL (36 GM per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	2	B/D; QL (360 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML	2	B/D; QL (120 EA per 30 days)
Albuterol Sulfate Oral Syrup 2 MG/5ML	2	
Albuterol Sulfate Oral Tablet	2	
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
Terbutaline Sulfate Oral Tablet 2.5 MG	2	
Terbutaline Sulfate Oral Tablet 5 MG	4	NEDS
Parasympathomimetic (Cholinergic Agents)		
Bethanechol Chloride Oral	2	
Cevimeline HCl	4	NEDS
Donepezil HCl	2	QL (30 EA per 30 days)
Galantamine Hydrobromide ER	3	QL (30 EA per 30 days); NEDS
Galantamine Hydrobromide Oral Tablet	2	QL (60 EA per 30 days)
Pilocarpine HCl Oral	4	NEDS
Pyridostigmine Bromide ER Oral Tablet Extended Release	2	
pyRIDostigmine Bromide Oral Solution	4	NEDS
Pyridostigmine Bromide Oral Tablet	2	
Rivastigmine	4	QL (30 EA per 30 days); NEDS
Rivastigmine Tartrate	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Chlorzoxazone Oral Tablet 500 MG	4	PA; NEDS
Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG	4	PA; QL (90 EA per 30 days); NEDS
Dantrolene Sodium Oral	2	
Methocarbamol Oral Tablet 500 MG, 750 MG	4	PA; NEDS
tiZANidine HCl Oral Tablet	2	
Sympatholytic Adrenergic Blocking Agents		
Alfuzosin HCl ER	2	QL (30 EA per 30 days)
Tamsulosin HCl	2	

Drug Name	Drug Tier	Requirements/Limits
Blood Formation, Coagulation, And Thrombosis		
Anticoagulants		
Dabigatran Etexilate Mesylate	3	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK)	3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK)	3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days); NEDS
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (70 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	3	QL (140 EA per 28 days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	4	NEDS
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	NEDS
Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML	4	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	4	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	NEDS
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 5000 UNIT/ML	2	
Heparin Sodium (Porcine) Injection Solution 10000 UNIT/ML, 20000 UNIT/ML	4	NEDS
Heparin Sodium (Porcine) PF Injection Solution 1000 UNIT/ML	2	
JANTOVEN	2	
Rivaroxaban Oral Suspension Reconstituted	4	ST; QL (620 ML per 30 days); NEDS
Rivaroxaban Oral Tablet	4	QL (60 EA per 30 days); NEDS
Warfarin Sodium Oral	2	
XARELTO ORAL TABLET 10 MG, 20 MG	4	ST; QL (30 EA per 30 days); NEDS
XARELTO ORAL TABLET 15 MG	4	ST; QL (60 EA per 30 days); NEDS
XARELTO STARTER PACK	4	ST; QL (51 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Agents		
ALVAIZ ORAL TABLET 18 MG, 36 MG	5	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
ALVAIZ ORAL TABLET 54 MG, 9 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
DOPTELET	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
DOPTELET SPRINKLE	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; Not available at mail-order; NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	B/D; Not available at mail-order; NEDS
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D; Not available at mail-order; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	B/D; Not available at mail-order; NEDS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	B/D; Not available at mail-order; NEDS
ZARXIO	5	PA; Not available at mail-order; NEDS
ZIEXTENZO	5	PA; Not available at mail-order; NEDS
Platelet-Aggregation Inhibitors		
Cilostazol	2	
Clopidogrel Bisulfate Oral	2	
Prasugrel HCl	4	QL (30 EA per 30 days); NEDS
Ticagrelor	2	QL (60 EA per 30 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
Aliskiren Fumarate	4	QL (30 EA per 30 days); NEDS
Doxazosin Mesylate Oral	2	
Prazosin HCl Oral	2	
Terazosin HCl Oral	2	
Antiarrhythmic Agents		
Amiodarone HCl Oral	2	
Dofetilide	4	NEDS
Flecainide Acetate	2	

Drug Name	Drug Tier	Requirements/Limits
Mexiletine HCl Oral	4	NEDS
MULTAQ	4	NEDS
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
Propafenone HCl ER	4	NEDS
Propafenone HCl Oral Tablet 150 MG, 225 MG	2	
Propafenone HCl Oral Tablet 300 MG	4	NEDS
quiNIDine Gluconate ER	4	NEDS
quiNIDine Sulfate Oral	4	NEDS
Antilipemic Agents		
Atorvastatin Calcium Oral	1	
Cholestyramine Light	2	
Cholestyramine Oral	2	
Colestipol HCl	4	NEDS
Ezetimibe Oral	4	QL (30 EA per 30 days); NEDS
Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG	4	NEDS
Fenofibrate Micronized Oral Capsule 67 MG	2	
Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG	2	
Fenofibric Acid Oral Capsule Delayed Release	4	NEDS
Fluvastatin Sodium	1	
Fluvastatin Sodium ER	1	
Gemfibrozil Oral	2	
Lovastatin Oral	1	
NEXLETOL	4	ST; QL (30 EA per 30 days); NEDS
Niacin ER (Antihyperlipidemic)	4	NEDS
NIACOR	4	NEDS
Omega-3-acid Ethyl Esters	4	QL (120 EA per 30 days); NEDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; Not available at mail-order; QL (2 ML per 28 days); NEDS
Pravastatin Sodium	1	
PREVALITE	2	
REDEMPLO	5	PA; Not available at mail-order; QL (0.5 ML per 90 days); NEDS
REPATHA	3	PA; Not available at mail-order; QL (3 ML per 28 days); NEDS
REPATHA PUSHTRONEX SYSTEM	3	PA; Not available at mail-order; QL (3.5 ML per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	3	PA; Not available at mail-order; QL (3 ML per 28 days); NEDS
Rosuvastatin Calcium Oral	1	QL (30 EA per 30 days)
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	
Simvastatin Oral Tablet 80 MG	1	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	3	QL (120 EA per 30 days)
Beta-Adrenergic Blocking Agents		
Acebutolol HCl Oral	2	
Atenolol Oral	2	
Atenolol-Chlorthalidone	2	
Betaxolol HCl Oral	4	NEDS
Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG	2	
Bisoprolol-hydroCHLOROthiazide	2	
Carvedilol	2	
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	2	
Metoprolol Succinate ER	2	
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	2	
Metoprolol-hydroCHLOROthiazide	2	
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	2	
Pindolol	2	
Propranolol HCl ER	2	
Propranolol HCl Oral	2	
Sotalol HCl (AF)	2	
Sotalol HCl Oral	2	
Timolol Maleate Oral	2	
Calcium-Channel Blocking Agents		
amLODIPine Besy-Benazepril HCl	1	
amLODIPine Besylate Oral	2	
amLODIPine Besylate-Valsartan	1	
amLODIPine-Olmesartan	1	
CARTIA XT	2	
dilTIAZem HCl ER Beads	2	
dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG	2	

Drug Name	Drug Tier	Requirements/Limits
dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour	2	
dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG	2	
dilTIAZem HCl Oral	2	
Dilt-XR	2	
Felodipine ER	2	
NIFEdipine ER	2	
NIFEdipine ER Osmotic Release	2	
niMODipine Oral Capsule	4	NEDS
Olmesartan-amLODIPine-HCTZ	1	
Telmisartan-amLODIPine	1	
TIADYLT ER	2	
Verapamil HCl ER Oral Capsule Extended Release 24 Hour	4	NEDS
Verapamil HCl ER Oral Tablet Extended Release	2	
Verapamil HCl Oral	2	
Cardiac Drugs, Miscellaneous		
DIGOX ORAL TABLET 250 MCG	2	
Digoxin Oral Solution	4	NEDS
Digoxin Oral Tablet 125 MCG, 250 MCG	2	
Droxidopa Oral Capsule 100 MG	4	PA; Not available at mail-order; QL (180 EA per 30 days); NEDS
Droxidopa Oral Capsule 200 MG, 300 MG	5	PA; Not available at mail-order; QL (180 EA per 30 days); NEDS
ENTRESTO ORAL CAPSULE SPRINKLE	4	QL (240 EA per 30 days); NEDS
Ivabradine HCl	4	PA; QL (60 EA per 30 days); NEDS
Midodrine HCl	4	NEDS
Pentoxifylline ER	2	
Ranolazine ER	4	QL (60 EA per 30 days); NEDS
Sacubitril-Valsartan Oral Tablet 24-26 MG	1	
Sacubitril-Valsartan Oral Tablet 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
VERQUVO ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (60 EA per 30 days)
Hypotensive Agents		
cloNIDine	4	NEDS
cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG, 0.3 MG	2	

Drug Name	Drug Tier	Requirements/Limits
Diazoxide Oral	4	NEDS
guanFACINE HCl Oral	4	PA; NEDS
hydrALAZINE HCl Oral	2	
Minoxidil Oral	2	
Renin-Angiotensin-Aldosterone System Inhibitors		
Benazepril HCl Oral	1	
Benazepril-hydroCHLOROthiazide	1	
Candesartan Cilexetil	1	
Candesartan Cilexetil-HCTZ	1	
Captopril Oral	1	
Enalapril Maleate Oral Tablet	1	
Enalapril-Hydrochlorothiazide	1	
Eplerenone	4	NEDS
FILSPARI	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Fosinopril Sodium	1	
Fosinopril Sodium-HCTZ	1	
Irbesartan	1	
Irbesartan-hydroCHLOROthiazide	1	
KERENDIA	4	QL (30 EA per 30 days); NEDS
Lisinopril Oral	1	
Lisinopril-hydroCHLOROthiazide	1	
Losartan Potassium Oral	1	
Losartan Potassium-HCTZ	1	
Moexipril HCl	1	
Olmesartan Medoxomil Oral	1	
Olmesartan Medoxomil-HCTZ	1	QL (30 EA per 30 days)
Perindopril Erbumine	1	
Quinapril HCl	1	
Quinapril-hydroCHLOROthiazide	1	
Ramipril	1	
Spironolactone Oral Tablet	1	
Spironolactone-HCTZ	1	
Telmisartan	1	
Telmisartan-HCTZ	1	
Trandolapril	1	
Valsartan Oral Tablet	1	

Drug Name	Drug Tier	Requirements/Limits
Valsartan-hydroCHLOROthiazide	1	
Vasodilating Agents		
ALYQ	4	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Ambrisentan	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Aspirin-Dipyridamole ER	2	QL (60 EA per 30 days)
Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG	2	
Isosorbide Mononitrate ER	2	
NITRO-BID	4	NEDS
Nitroglycerin Sublingual	2	
Nitroglycerin Transdermal Ointment	4	NEDS
Nitroglycerin Transdermal Patch 24 Hour	2	
Nitroglycerin Translingual Solution	4	NEDS
Sildenafil Citrate Oral Tablet 20 MG	3	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
Tadalafil (PAH)	4	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Tadalafil Oral Tablet 5 MG	2	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Anorexigenic Agents And Respiratory And Cns Stimulants		
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	QL (30 EA per 30 days); NEDS
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 30 MG	4	QL (60 EA per 30 days); NEDS
Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	QL (60 EA per 30 days); NEDS
Amphetamine-Dextroamphetamine Oral Tablet 30 MG	4	QL (60 EA per 30 days); NEDS
Armodafinil	4	PA; QL (30 EA per 30 days); NEDS
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG	4	QL (60 EA per 30 days); NEDS
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG	4	QL (120 EA per 30 days); NEDS
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG	4	QL (30 EA per 30 days); NEDS
Dextroamphetamine Sulfate Oral Tablet 10 MG	3	QL (180 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Dextroamphetamine Sulfate Oral Tablet 5 MG	3	QL (120 EA per 30 days); NEDS
Modafinil Oral	3	PA; NEDS
ZENZEDI ORAL TABLET 10 MG	3	QL (180 EA per 30 days); NEDS
ZENZEDI ORAL TABLET 5 MG	3	QL (120 EA per 30 days); NEDS
Anticonvulsants		
Brivaracetam Intravenous	5	NEDS
Brivaracetam Oral Solution	5	PA (NS); QL (600 ML per 30 days); NEDS
Brivaracetam Oral Tablet 10 MG, 25 MG, 50 MG	5	PA (NS); QL (120 EA per 30 days); NEDS
Brivaracetam Oral Tablet 100 MG, 75 MG	5	PA (NS); QL (60 EA per 30 days); NEDS
carBAMazepine ER	4	NEDS
carBAMazepine Oral Suspension 100 MG/5ML	4	NEDS
carBAMazepine Oral Tablet	2	
carBAMazepine Oral Tablet Chewable	2	
cloBAZam Oral Suspension 2.5 MG/ML	4	NEDS
cloBAZam Oral Tablet	4	NEDS
clonazePAM Oral Tablet 0.5 MG, 1 MG	2	PA (NS); QL (90 EA per 30 days)
clonazePAM Oral Tablet 2 MG	2	PA (NS); QL (300 EA per 30 days)
clonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	4	PA (NS); QL (90 EA per 30 days); NEDS
clonazePAM Oral Tablet Dispersible 2 MG	4	PA (NS); QL (300 EA per 30 days); NEDS
Clorazepate Dipotassium Oral Tablet 15 MG	4	PA (NS); QL (180 EA per 30 days); NEDS
Clorazepate Dipotassium Oral Tablet 3.75 MG	4	PA (NS); QL (720 EA per 30 days); NEDS
Clorazepate Dipotassium Oral Tablet 7.5 MG	4	PA (NS); QL (360 EA per 30 days); NEDS
DIACOMIT	5	PA (NS); Not available at mail-order; NEDS
DIAZEPAM INTENSOL	4	PA (NS); QL (240 ML per 30 days); NEDS
diazePAM Oral Solution 5 MG/5ML	4	PA (NS); QL (1200 ML per 30 days); NEDS
diazePAM Oral Tablet	2	PA (NS); QL (120 EA per 30 days)
diazePAM Rectal	4	NEDS
DILANTIN ORAL CAPSULE 30 MG	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour	2	
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	4	NEDS
Divalproex Sodium Oral Tablet Delayed Release	2	
EPIDIOLEX	5	PA (NS); Not available at mail-order; NEDS
EPITOL	2	
Eslicarbazepine Acetate Oral Tablet 200 MG, 400 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
Eslicarbazepine Acetate Oral Tablet 600 MG, 800 MG	5	PA (NS); QL (60 EA per 30 days); NEDS
Ethosuximide Oral Capsule	4	NEDS
Ethosuximide Oral Solution	3	
Felbamate Oral Suspension	4	NEDS
Felbamate Oral Tablet	2	
FINTEPLA	5	PA (NS); Not available at mail-order; QL (360 ML per 30 days); NEDS
Gabapentin Oral Capsule 100 MG	2	QL (1080 EA per 30 days)
Gabapentin Oral Capsule 300 MG	2	QL (360 EA per 30 days)
Gabapentin Oral Capsule 400 MG	2	QL (270 EA per 30 days)
Gabapentin Oral Solution	4	QL (2160 ML per 30 days); NEDS
Gabapentin Oral Tablet 600 MG	4	QL (180 EA per 30 days); NEDS
Gabapentin Oral Tablet 800 MG	4	QL (120 EA per 30 days); NEDS
Lacosamide Intravenous	4	QL (1200 ML per 30 days); NEDS
Lacosamide Oral Solution 10 MG/ML	4	QL (1200 ML per 30 days); NEDS
Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG	4	QL (60 EA per 30 days); NEDS
Lacosamide Oral Tablet 50 MG	4	QL (120 EA per 30 days); NEDS
lamoTRIgine ER	2	
lamoTRIgine Oral Tablet	2	
LamoTRIgine Oral Tablet Chewable	2	
levETIRAcetam ER	3	
levETIRAcetam Oral Solution 100 MG/ML	2	
levETIRAcetam Oral Tablet	2	
LIBERVANT	4	PA (NS); QL (10 EA per 30 days); NEDS
Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)	2	
Methsuximide	2	

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	4	NEDS
OXcarbazepine	2	
Perampanel Oral Suspension	5	PA (NS); QL (720 ML per 30 days); NEDS
Perampanel Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 8 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
Perampanel Oral Tablet 6 MG	4	PA (NS); QL (60 EA per 30 days); NEDS
PHENobarbital Oral Elixir 20 MG/5ML	4	NEDS
PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG	4	QL (90 EA per 30 days); NEDS
PHENobarbital Oral Tablet 15 MG, 30 MG	4	QL (180 EA per 30 days); NEDS
PHENobarbital Oral Tablet 60 MG	4	QL (120 EA per 30 days); NEDS
PHENobarbital Oral Tablet 97.2 MG	4	QL (60 EA per 30 days); NEDS
Phenytoin Oral Suspension 125 MG/5ML	2	
Phenytoin Oral Tablet Chewable	2	
Phenytoin Sodium Extended	2	
Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA (NS); QL (90 EA per 30 days)
Pregabalin Oral Capsule 225 MG, 300 MG	3	PA (NS); QL (60 EA per 30 days)
Pregabalin Oral Solution	3	PA (NS); QL (946 ML per 30 days)
Primidone Oral Tablet 250 MG, 50 MG	2	
RELGAABI ORAL CAPSULE 300 MG	2	QL (360 EA per 30 days)
RELGAABI ORAL CAPSULE 400 MG	2	QL (270 EA per 30 days)
REZDIFFRA	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
ROWEEPRA ORAL TABLET 500 MG	2	
Rufinamide Oral Suspension 40 MG/ML	5	PA (NS); NEDS
Rufinamide Oral Tablet 200 MG	4	PA (NS); NEDS
Rufinamide Oral Tablet 400 MG	5	PA (NS); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	PA (NS); QL (90 EA per 30 days); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	PA (NS); QL (360 EA per 30 days); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	PA (NS); QL (180 EA per 30 days); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA (NS); QL (120 EA per 30 days); NEDS
SUBVENITE ORAL SUSPENSION	3	
SUBVENITE ORAL TABLET	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN	4	ST (NS); NEDS
tiaGABine HCl	4	NEDS
Topiramate Oral Capsule Sprinkle	2	
Topiramate Oral Solution 25 MG/ML	2	QL (480 ML per 30 days)
Topiramate Oral Tablet	2	
Valproic Acid Oral Capsule	2	
Valproic Acid Oral Solution 250 MG/5ML	2	
VALTOCO 10 MG DOSE	4	PA (NS); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	PA (NS); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	PA (NS); NEDS
VALTOCO 5 MG DOSE	4	PA (NS); NEDS
Vigabatrin	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
VIGADRONE	5	PA (NS); Not available at mail-order; QL (180 EA per 30 days); NEDS
VIGAFYDE	5	PA (NS); Not available at mail-order; QL (900 ML per 30 days); NEDS
VIGPODER	5	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	5	PA (NS); QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE)	5	PA (NS); QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA (NS); QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA (NS); QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA (NS); QL (28 EA per 28 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA (NS); QL (28 EA per 28 days); NEDS
ZONISADE	4	QL (900 ML per 30 days); NEDS
Zonisamide Oral	2	
ZTALMY	5	PA (NS); Not available at mail-order; QL (1080 ML per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Amitriptyline HCl Oral	4	NEDS
Amoxapine	3	NEDS
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA (NS); QL (60 EA per 30 days); NEDS
buPROPion HCl ER (Smoking Det)	2	
buPROPion HCl ER (SR)	2	
buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	2	
buPROPion HCl Oral	2	
Citalopram Hydrobromide Oral Solution 10 MG/5ML	4	NEDS
Citalopram Hydrobromide Oral Tablet 10 MG	2	QL (90 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 20 MG	2	QL (60 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 40 MG	2	QL (30 EA per 30 days)
clomiPRAMINE HCl Oral	4	PA (NS); NEDS
Desipramine HCl Oral	4	NEDS
Desvenlafaxine Succinate ER	4	QL (30 EA per 30 days); NEDS
Doxepin HCl Oral Capsule	4	NEDS
Doxepin HCl Oral Concentrate	4	NEDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days); NEDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	QL (30 EA per 30 days); NEDS
DULoxetine HCl Oral Capsule Delayed Release Particles 120 MG, 80 MG	2	QL (30 EA per 30 days)
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG	2	QL (120 EA per 30 days)
DULoxetine HCl Oral Capsule Delayed Release Particles 30 MG, 60 MG	2	QL (60 EA per 30 days)
Escitalopram Oxalate Oral Capsule	4	NEDS
Escitalopram Oxalate Oral Solution 5 MG/5ML	4	NEDS
Escitalopram Oxalate Oral Tablet	2	QL (30 EA per 30 days)
EXXUA	5	PA (NS); QL (30 EA per 30 days); NEDS
EXXUA TITRATION PACK	5	PA (NS); QL (32 EA per 180 days); NEDS
FETZIMA	4	PA (NS); QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION	4	PA (NS); QL (28 EA per 28 days); NEDS
FLUoxetine HCl Oral Capsule 10 MG	2	QL (30 EA per 30 days)
FLUoxetine HCl Oral Capsule 20 MG, 40 MG	2	
FLUoxetine HCl Oral Solution	2	
fluvoxaMINE Maleate	2	
Imipramine HCl Oral	2	
MARPLAN	3	QL (180 EA per 30 days)
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG	2	QL (30 EA per 30 days)
Mirtazapine Oral Tablet 7.5 MG	2	
Mirtazapine Oral Tablet Dispersible	4	NEDS
Nefazodone HCl	4	NEDS
Nortriptyline HCl Oral	4	NEDS
PARoxetine HCl Oral Suspension	4	PA (NS); QL (900 ML per 30 days); NEDS
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
PARoxetine HCl Oral Tablet 30 MG	4	PA (NS); QL (60 EA per 30 days); NEDS
Phenelzine Sulfate Oral	3	
Protriptyline HCl	4	NEDS
RALDESY	5	ST (NS); QL (1800 ML per 30 days); NEDS
Sertraline HCl Oral Concentrate	3	
Sertraline HCl Oral Tablet	2	
Tranylcypromine Sulfate	4	NEDS
traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	2	
Trimipramine Maleate Oral Capsule 100 MG	4	QL (60 EA per 30 days); NEDS
Trimipramine Maleate Oral Capsule 25 MG, 50 MG	4	QL (120 EA per 30 days); NEDS
TRINTELLIX	4	PA (NS); QL (30 EA per 30 days); NEDS
Venlafaxine HCl	2	
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour	2	
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour	4	NEDS
Vilazodone HCl	4	QL (30 EA per 30 days); NEDS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA (NS); QL (56 EA per 365 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 30 MG	5	PA (NS); QL (28 EA per 365 days); NEDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; Not available at mail-order; QL (1 ML per 30 days); NEDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; Not available at mail-order; QL (2 ML per 30 days); NEDS
Dihydroergotamine Mesylate Nasal	3	PA; QL (8 ML per 28 days); NEDS
EMGALITY	3	PA; Not available at mail-order; QL (2 ML per 30 days); NEDS
EMGALITY (300 MG DOSE)	3	PA; Not available at mail-order; QL (3 ML per 30 days); NEDS
NURTEC	3	PA; QL (30 EA per 30 days); NEDS
QULIPTA	3	PA; QL (30 EA per 30 days); NEDS
Rizatriptan Benzoate	2	QL (18 EA per 30 days)
SUMAtriptan Nasal	3	QL (12 EA per 30 days); NEDS
SUMAtriptan Succinate Oral Tablet 100 MG	2	QL (9 EA per 30 days)
SUMAtriptan Succinate Oral Tablet 25 MG, 50 MG	2	QL (18 EA per 30 days)
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML	3	QL (9 ML per 30 days); NEDS
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML	3	QL (4 ML per 30 days); NEDS
SUMAtriptan Succinate Subcutaneous Solution 6 MG/0.5ML	3	QL (4 ML per 30 days); NEDS
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML	3	QL (9 ML per 30 days); NEDS
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	3	QL (4 ML per 30 days); NEDS
UBRELVY	3	PA; QL (16 EA per 30 days); NEDS
Antiparkinsonian Agents		
Amantadine HCl Oral Capsule	2	QL (120 EA per 30 days)
Amantadine HCl Oral Solution 50 MG/5ML	2	
Amantadine HCl Oral Tablet	2	
Benztropine Mesylate Oral	2	
Bromocriptine Mesylate Oral	4	NEDS
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Carbidopa-Levodopa Oral Tablet	2	
Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-100 MG	4	NEDS
Carbidopa-Levodopa Oral Tablet Dispersible 25-250 MG	2	
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	4	NEDS
EMSAM	5	QL (30 EA per 30 days); NEDS
Entacapone	4	NEDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	ST; Not available at mail-order; QL (60 EA per 30 days); NEDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	ST; Not available at mail-order; QL (30 EA per 30 days); NEDS
Pramipexole Dihydrochloride	2	
Rasagiline Mesylate Oral	4	QL (30 EA per 30 days); NEDS
rOPINIRole HCl	2	
Selegiline HCl Oral	3	NEDS
Tolcapone	4	NEDS
Trihexyphenidyl HCl	2	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 ML per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 ML per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 28 days); NEDS
ARIPiprazole Oral Solution	4	QL (900 ML per 30 days); NEDS
ARIPiprazole Oral Tablet 10 MG	4	QL (90 EA per 30 days); NEDS
ARIPiprazole Oral Tablet 15 MG, 2 MG, 5 MG	4	QL (60 EA per 30 days); NEDS
ARIPiprazole Oral Tablet 20 MG, 30 MG	4	QL (30 EA per 30 days); NEDS
ARIPiprazole Oral Tablet Dispersible 10 MG	4	QL (90 EA per 30 days); NEDS
ARIPiprazole Oral Tablet Dispersible 15 MG	4	QL (60 EA per 30 days); NEDS
ARISTADA INITIO	5	QL (2.4 ML per 28 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 56 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 28 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 28 days); NEDS
Asenapine Maleate Sublingual Tablet Sublingual 10 MG	4	QL (60 EA per 30 days); NEDS
Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG	4	QL (240 EA per 30 days); NEDS
Asenapine Maleate Sublingual Tablet Sublingual 5 MG	4	QL (120 EA per 30 days); NEDS
BYSANTI	5	PA (NS); QL (60 EA per 30 days); NEDS
BYSANTI TITRATION PACK A	5	PA (NS); QL (8 EA per 28 days); NEDS
BYSANTI TITRATION PACK B	5	PA (NS); QL (12 EA per 28 days); NEDS
BYSANTI TITRATION PACK C	5	PA (NS); QL (8 EA per 28 days); NEDS
CAPLYTA	5	PA (NS); QL (30 EA per 30 days); NEDS
chlorproMAZINE HCl Oral	4	PA (NS); NEDS
cloZAPine Oral Tablet	3	PA (NS); NEDS
cloZAPine Oral Tablet Dispersible	4	PA (NS); NEDS
COBENFY	4	PA (NS); QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK	4	PA (NS); QL (56 EA per 180 days); NEDS
FANAPT	4	PA (NS); QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK A	4	PA (NS); QL (8 EA per 30 days); NEDS
FANAPT TITRATION PACK B ORAL TABLET	4	PA (NS); QL (12 EA per 30 days); NEDS
FANAPT TITRATION PACK C ORAL TABLET	4	PA (NS); QL (8 EA per 30 days); NEDS
fluPHENAZine Decanoate Injection	4	NEDS
FluPHENAZine HCl Injection	4	NEDS
FluPHENAZine HCl Oral	4	NEDS
Haloperidol Decanoate Intramuscular	2	
Haloperidol Lactate Injection	2	
Haloperidol Lactate Oral Concentrate 2 MG/ML	2	
Haloperidol Oral	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 84 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 84 days); NEDS
Loxapine Succinate Oral	4	PA (NS); NEDS
Lurasidone HCl Oral Tablet 120 MG	4	QL (30 EA per 30 days); NEDS
Lurasidone HCl Oral Tablet 20 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days); NEDS
Lurasidone HCl Oral Tablet 40 MG	4	QL (120 EA per 30 days); NEDS
LYBALVI	5	PA (NS); QL (30 EA per 30 days); NEDS
Molindone HCl	4	NEDS
NUPLAZID ORAL CAPSULE	4	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG	4	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
OLANZapine Intramuscular	4	QL (3 EA per 1 day); NEDS
OLANZapine Oral Tablet 10 MG, 2.5 MG	4	PA (NS); QL (60 EA per 30 days); NEDS
OLANZapine Oral Tablet 15 MG, 20 MG, 7.5 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
OLANZapine Oral Tablet 5 MG	4	PA (NS); QL (120 EA per 30 days); NEDS
OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
OLANZapine Oral Tablet Dispersible 5 MG	4	PA (NS); QL (120 EA per 30 days); NEDS
OPIPZA ORAL FILM 10 MG, 5 MG	5	ST (NS); QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	5	ST (NS); QL (210 EA per 30 days); NEDS
Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG	4	QL (30 EA per 30 days); NEDS
Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG	4	QL (60 EA per 30 days); NEDS
Perphenazine Oral	4	PA (NS); NEDS
PERSERIS	5	QL (1 EA per 28 days); NEDS
Pimozide	4	NEDS
QUEtiapine Fumarate ER	4	QL (60 EA per 30 days); NEDS
QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG	2	QL (120 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 150 MG	2	QL (150 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 25 MG	2	QL (360 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 300 MG, 400 MG	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	5	PA (NS); QL (90 EA per 30 days); NEDS
REXULTI ORAL TABLET 2 MG	5	PA (NS); QL (60 EA per 30 days); NEDS
REXULTI ORAL TABLET 3 MG, 4 MG	5	PA (NS); QL (30 EA per 30 days); NEDS
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days); NEDS
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG, 50 MG	5	QL (2 EA per 28 days); NEDS
risperiDONE Oral Solution 1 MG/ML	2	QL (480 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG	2	QL (60 EA per 30 days)
risperiDONE Oral Tablet 1 MG, 4 MG	2	QL (120 EA per 30 days)
risperiDONE Oral Tablet 3 MG	2	QL (150 EA per 30 days)
risperiDONE Oral Tablet Dispersible 0.25 MG	4	QL (30 EA per 30 days); NEDS
risperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG	4	QL (60 EA per 30 days); NEDS
risperiDONE Oral Tablet Dispersible 1 MG, 4 MG	4	QL (120 EA per 30 days); NEDS
risperiDONE Oral Tablet Dispersible 3 MG	4	QL (150 EA per 28 days); NEDS
SECUADO	5	PA (NS); QL (30 EA per 30 days); NEDS
Thioridazine HCl Oral	4	PA (NS); NEDS
Thiothixene Oral	4	NEDS
Trifluoperazine HCl Oral	4	PA (NS); NEDS
VERSACLOZ	5	PA (NS); QL (540 ML per 30 days); NEDS
VRAYLAR ORAL CAPSULE 0.5 MG	3	QL (60 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL (30 EA per 30 days); NEDS
Ziprasidone HCl Oral Capsule 20 MG, 40 MG	2	QL (120 EA per 30 days)
Ziprasidone HCl Oral Capsule 60 MG, 80 MG	2	QL (60 EA per 30 days)
Ziprasidone Mesylate	4	QL (6 EA per 30 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	Not available at mail-order; QL (2 EA per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	Not available at mail-order; QL (1 EA per 28 days); NEDS
Anxiolytics, Sedatives And Hypnotics,Misc.		
BAC (BUTALBITAL-ACETAMIN-CAFF)	2	QL (180 EA per 30 days)
busPIRone HCl Oral Tablet 10 MG, 15 MG, 30 MG, 5 MG, 7.5 MG	2	
Butalbital-Acetaminophen Oral Tablet 50-325 MG	2	QL (180 EA per 30 days)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	2	QL (180 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days); NEDS
hydrOXYzine HCl Oral Syrup 10 MG/5ML	4	PA (NS); NEDS
hydrOXYzine HCl Oral Tablet	4	PA (NS); NEDS
hydrOXYzine Pamoate Oral	4	PA (NS); NEDS

Drug Name	Drug Tier	Requirements/Limits
Tasimelteon	5	PA; Not available at mail-order; NEDS
Temazepam Oral Capsule 15 MG, 30 MG	4	PA (NS); QL (30 EA per 30 days); NEDS
Zaleplon	4	QL (30 EA per 30 days); NEDS
Zolpidem Tartrate Oral Tablet	2	QL (30 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
ALPRAZolam ER	4	PA (NS); QL (90 EA per 30 days); NEDS
ALPRAZOLAM INTENSOL	4	PA (NS); QL (300 ML per 30 days); NEDS
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG	4	PA (NS); QL (120 EA per 30 days); NEDS
ALPRAZolam Oral Tablet 2 MG	4	PA (NS); QL (150 EA per 30 days); NEDS
LORAZEPAM INTENSOL	4	PA (NS); QL (150 ML per 30 days); NEDS
LORazepam Oral Tablet	4	PA (NS); QL (120 EA per 30 days); NEDS
Central Nervous System Agents, Misc.		
Acamprosate Calcium	2	
Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG	4	QL (120 EA per 30 days); NEDS
Atomoxetine HCl Oral Capsule 100 MG, 60 MG, 80 MG	4	QL (30 EA per 30 days); NEDS
Atomoxetine HCl Oral Capsule 40 MG	4	QL (60 EA per 30 days); NEDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
AUSTEDO XR	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; Not available at mail-order; QL (56 EA per 365 days); NEDS
guanFACINE HCl ER	4	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
JOURNAVX	3	PA; QL (29 EA per 90 days); NEDS
Lithium	2	
Lithium Carbonate ER	2	
Lithium Carbonate Oral	2	
Memantine HCl Oral Solution 2 MG/ML	4	QL (300 ML per 30 days); NEDS
Memantine HCl Oral Tablet 10 MG, 5 MG	2	QL (60 EA per 30 days)
Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG	4	NEDS
NUEDEXTA	5	PA; QL (60 EA per 30 days); NEDS
RADICAVA ORS	5	PA; Not available at mail-order; QL (70 ML per 28 days); NEDS
RADICAVA ORS STARTER KIT	5	PA; Not available at mail-order; QL (70 ML per 28 days); NEDS
Riluzole	3	
Sodium Oxybate	5	PA; Not available at mail-order; QL (540 ML per 30 days); NEDS
Tetrabenazine Oral Tablet 12.5 MG	4	PA; Not available at mail-order; QL (240 EA per 30 days); NEDS
Tetrabenazine Oral Tablet 25 MG	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
Nonsteroidal Anti-Inflammatory Agents		
Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG	2	QL (60 EA per 30 days)
Celecoxib Oral Capsule 400 MG	2	QL (30 EA per 30 days)
Diclofenac Potassium Oral Tablet 50 MG	4	QL (120 EA per 30 days); NEDS
Diclofenac Sodium ER	2	
Diclofenac Sodium External Solution 1.5 %	4	NEDS
Diclofenac Sodium Oral	2	
Diflunisal Oral	4	NEDS
EC-Naproxen Oral Tablet Delayed Release 375 MG	2	
Etodolac ER	2	
Etodolac Oral	2	
Flurbiprofen Oral Tablet 100 MG	2	
IBU	2	
Ibuprofen Oral Suspension 100 MG/5ML	2	
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	2	
Meloxicam Oral Tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Nabumetone Oral	2	
Naproxen DR Oral Tablet Delayed Release 500 MG	2	
Naproxen Oral Tablet	2	
Naproxen Oral Tablet Delayed Release	2	
Naproxen Sodium Oral Tablet 275 MG, 550 MG	2	
Piroxicam Oral	2	
Sulindac Oral	2	
Opiate Agonists		
Acetaminophen-Codeine Oral Solution 120-12 MG/5ML	4	QL (2700 ML per 30 days); NEDS
Acetaminophen-Codeine Oral Tablet	4	QL (180 EA per 30 days); NEDS
Butorphanol Tartrate Nasal	4	NEDS
Codeine Sulfate Oral Tablet	4	QL (180 EA per 30 days); NEDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 EA per 30 days); NEDS
fentaNYL	4	QL (10 EA per 30 days); NEDS
HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG	4	QL (180 EA per 30 days); NEDS
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	4	QL (150 EA per 30 days); NEDS
HYDROmorphone HCl Injection Solution 1 MG/ML, 4 MG/ML	4	NEDS
HYDROmorphone HCl Oral Liquid 1 MG/ML	4	QL (1500 ML per 30 days); NEDS
HYDROmorphone HCl Oral Tablet	4	QL (180 EA per 30 days); NEDS
HYDROmorphone HCl PF Injection Solution 10 MG/ML, 50 MG/5ML, 500 MG/50ML	4	B/D; NEDS
Methadone HCl Oral Solution	4	QL (450 ML per 30 days); NEDS
Methadone HCl Oral Tablet	4	QL (300 EA per 30 days); NEDS
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	3	QL (180 ML per 30 days); NEDS
Morphine Sulfate (PF) Injection Solution 1 MG/ML	4	B/D; NEDS
Morphine Sulfate ER Oral Tablet Extended Release	3	QL (90 EA per 30 days); NEDS
Morphine Sulfate Intravenous Solution 2 MG/ML, 50 MG/ML	4	B/D; NEDS
Morphine Sulfate Oral Solution	3	QL (1000 ML per 30 days); NEDS
Morphine Sulfate Oral Tablet	3	QL (180 EA per 30 days); NEDS
OxyCODONE HCl Oral Capsule	4	QL (180 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
oxyCODONE HCl Oral Concentrate 100 MG/5ML	4	QL (180 ML per 30 days); NEDS
oxyCODONE HCl Oral Solution	4	QL (3600 ML per 30 days); NEDS
oxyCODONE HCl Oral Tablet	4	QL (180 EA per 30 days); NEDS
oxyCODONE-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 EA per 30 days); NEDS
Oxymorphone HCl	4	QL (120 EA per 30 days); NEDS
oxyMORphone HCl ER	4	QL (60 EA per 30 days); NEDS
traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 100 MG	4	QL (90 EA per 30 days); NEDS
traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG	4	QL (30 EA per 30 days); NEDS
traMADol HCl Oral Tablet 50 MG	4	QL (240 EA per 30 days); NEDS
traMADol-Acetaminophen	4	QL (240 EA per 30 days); NEDS
Opiate Antagonists		
KLOXXADO	3	
Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML	2	
Naloxone HCl Injection Solution Cartridge	2	
Naloxone HCl Injection Solution Prefilled Syringe	2	
Naltrexone HCl Oral	2	
OPVEE	3	
REXTOVY	4	NEDS
Opiate Partial Agonists		
Buprenorphine HCl Sublingual	4	NEDS
Buprenorphine HCl-Naloxone HCl Sublingual Film	2	
Buprenorphine Transdermal	4	QL (4 EA per 28 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	4	QL (60 EA per 30 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	4	QL (90 EA per 30 days); NEDS
Respiratory And Cns Stimulants		
Dexmethylphenidate HCl	2	QL (60 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG	4	QL (60 EA per 30 days); NEDS
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG	4	QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG	2	QL (30 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release 20 MG	4	QL (90 EA per 30 days); NEDS
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG	4	NEDS
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 27 MG, 36 MG, 54 MG	4	QL (30 EA per 30 days); NEDS
Methylphenidate HCl Oral Tablet	3	QL (90 EA per 30 days); NEDS
Electrolytic, Caloric, And Water Balance		
Ammonia Detoxicants		
Carglumic Acid Oral Tablet Soluble	5	PA; Not available at mail-order; NEDS
Constulose	2	
Enulose	2	
Generlac	2	
Lactulose Encephalopathy Oral Solution 10 GM/15ML	2	
Lactulose Oral Solution 10 GM/15ML	2	
Sodium Phenylbutyrate Oral Powder 3 GM/TSP	5	PA; Not available at mail-order; NEDS
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	B/D; NEDS
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	4	B/D; NEDS
CLINOLIPID	4	B/D; NEDS
Dextrose Intravenous Solution 10 %, 250 MG/ML, 5 %, 50 %, 70 %	4	NEDS
Dextrose-Sodium Chloride Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	4	NEDS
INTRALIPID	4	B/D; NEDS
KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%	4	NEDS
NUTRILIPID	4	B/D; NEDS
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D; NEDS
TRAVASOL	4	B/D; NEDS

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D; NEDS
Diuretics		
aMILoride HCl Oral	2	
aMILoride-hydroCHLOROthiazide	2	
Bumetanide Injection	2	
Bumetanide Oral	2	
Chlorthalidone Oral Tablet 25 MG, 50 MG	2	
Furosemide Injection	2	
Furosemide Oral Solution 10 MG/ML, 8 MG/ML	2	
Furosemide Oral Tablet	2	
hydroCHLOROthiazide Oral	2	
Indapamide Oral	2	
metOLazone	2	
Torsemide Oral	2	
Triamterene-HCTZ Oral Capsule 37.5-25 MG	2	
Triamterene-HCTZ Oral Tablet	2	
Ion-Removing Agents		
Calcium Acetate (Phos Binder)	2	B/D
KIONEX COMBINATION	2	
LOKELMA ORAL PACKET 10 GM	3	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	3	QL (30 EA per 30 days)
Sevelamer Carbonate Oral Tablet	4	B/D; QL (540 EA per 30 days); NEDS
Sodium Polystyrene Sulfonate Combination	2	
Sodium Polystyrene Sulfonate Oral Powder	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL	4	NEDS
Replacement Preparations		
KCl in Dextrose-NaCl Intravenous Solution 20-5-0.2 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%	4	NEDS
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL PACKET 20 MEQ	2	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
Potassium Chloride Crys ER	2	
Potassium Chloride ER Oral Capsule Extended Release	2	
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ	2	
Potassium Chloride ER Oral Tablet Extended Release 15 MEQ	4	NEDS
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	4	NEDS
Potassium Chloride Oral Packet 20 MEQ	2	
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	4	NEDS
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG)	4	NEDS
Potassium Citrate ER Oral Tablet Extended Release 5 MEQ (540 MG)	2	
Sodium Chloride (PF)	2	
Sodium Chloride Injection Solution 2.5 MEQ/ML	2	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	4	NEDS
Sodium Chloride Irrigation Solution 0.9 %	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	B/D; NEDS
Eye, Ear, Nose, And Throat (Eent) Preparations		
Antiallergic Agents		
Azelastine HCl Nasal Solution 0.1 %	2	
Azelastine HCl Ophthalmic	3	
Cromolyn Sodium Ophthalmic	2	
Epinastine HCl	4	NEDS
Olopatadine HCl Ophthalmic Solution 0.2 %	3	
Antiglaucoma Agents		
acetaZOLAMIDE ER	2	
acetaZOLAMIDE Oral	2	
Betaxolol HCl Ophthalmic	3	
Brimonidine Tartrate Ophthalmic Solution 0.1 %, 0.15 %	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	
Brimonidine Tartrate-Timolol	3	
Brinzolamide	2	
COMBIGAN	3	
Dorzolamide HCl Ophthalmic	2	
Dorzolamide HCl-Timolol Mal	3	
Latanoprost Ophthalmic	2	
Levobunolol HCl Ophthalmic Solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (5 ML per 25 days)
methazolAMIDE Oral	4	NEDS
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
Timolol Maleate Ophthalmic Gel Forming Solution	3	
Timolol Maleate Ophthalmic Solution	2	
VYZULTA	3	QL (5 ML per 25 days)
Anti-Infectives (Eent)		
Acetic Acid Otic	2	
Bacitracin Ophthalmic	2	
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	2	
Bacitra-Neomycin-Polymyxin-HC	2	
Chlorhexidine Gluconate Mouth/Throat	2	
CILOXAN OPHTHALMIC OINTMENT	3	
Ciprofloxacin HCl Ophthalmic	2	
Ciprofloxacin-Dexamethasone	2	
Erythromycin Ophthalmic	2	
Gentamicin Sulfate Ophthalmic Solution	2	
Hydrocortisone-Acetic Acid	2	
Moxifloxacin HCl Ophthalmic Solution	3	
NATACYN	3	
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	2	

Drug Name	Drug Tier	Requirements/Limits
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	2	
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	3	
Neomycin-Polymyxin-HC Otic Solution 1 %	2	
Neomycin-Polymyxin-HC Otic Suspension	2	
NEO-POLYCIN HC	2	
Ofloxacin Ophthalmic	2	
Ofloxacin Otic	2	
PERIOGARD	2	
POLYCIN	2	
Polymyxin B-Trimethoprim	2	
Sulfacetamide Sodium Ophthalmic Ointment	3	
Sulfacetamide Sodium Ophthalmic Solution	4	NEDS
Sulfacetamide-prednisoLONE Ophthalmic Solution	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
Tobramycin Ophthalmic	2	
Tobramycin-Dexamethasone	3	
Trifluridine Ophthalmic	3	
ZIRGAN	3	
Anti-Inflammatory Agents (Eent)		
dexAMETHasone Sodium Phosphate Ophthalmic	2	
Diclofenac Sodium Ophthalmic	2	
Difluprednate	3	
EYSUVIS	3	QL (16.6 ML per 60 days); NEDS
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	2	QL (75 ML per 30 days)
Fluorometholone Ophthalmic	3	
Flurbiprofen Sodium	2	
Fluticasone Propionate Nasal	2	QL (16 GM per 30 days)
FML FORTE	3	
Ketorolac Tromethamine Ophthalmic	2	
MIEBO	3	QL (12 ML per 30 days); NEDS
Mometasone Furoate Nasal	4	ST; QL (34 GM per 30 days); NEDS
PRED MILD	3	
prednisoLONE Acetate Ophthalmic	4	NEDS
PrednisoLONE Sodium Phosphate Ophthalmic	3	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	QL (60 EA per 30 days); NEDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 27 days); NEDS
XIIDRA	3	QL (60 EA per 30 days); NEDS
Eent Drugs, Miscellaneous		
Carteolol HCl	2	
CYSTARAN	5	Not available at mail-order; NEDS
Ipratropium Bromide Nasal	2	QL (30 ML per 30 days)
Lidocaine HCl External Solution	2	
Lidocaine Viscous HCl	2	
XDEMVY	5	PA; Not available at mail-order; QL (10 ML per 42 days); NEDS
Local Anesthetics (Eent)		
Proparacaine HCl Ophthalmic	2	
Gastrointestinal Drugs		
Antidiarrhea Agents		
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	4	PA; NEDS
Loperamide HCl Oral Capsule	2	
XERMELO	5	PA; Not available at mail-order; QL (84 EA per 28 days); NEDS
Antiemetics		
Aprepitant Oral Capsule 125 MG	4	B/D; QL (2 EA per 30 days); NEDS
Aprepitant Oral Capsule 40 MG, 80 MG	4	B/D; QL (4 EA per 30 days); NEDS
Aprepitant Oral Capsule Therapy Pack	4	B/D; QL (6 EA per 30 days); NEDS
COMPRO	4	NEDS
Dronabinol Oral Capsule	4	PA; QL (60 EA per 30 days); NEDS
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
Granisetron HCl Oral	3	B/D
Ondansetron HCl Oral Solution 4 MG/5ML	4	B/D; NEDS
Ondansetron HCl Oral Tablet 4 MG, 8 MG	2	B/D
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	2	B/D
Prochlorperazine	4	NEDS
Prochlorperazine Maleate Oral	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Scopolamine	4	QL (10 EA per 30 days); NEDS
Anti-Inflammatory Agents (Gi Drugs)		
Balsalazide Disodium	3	
Mesalamine ER Oral Capsule Extended Release 24 Hour	4	QL (120 EA per 30 days); NEDS
Mesalamine Oral Capsule Delayed Release	4	QL (180 EA per 30 days); NEDS
Mesalamine Oral Tablet Delayed Release 1.2 GM	4	QL (120 EA per 30 days); NEDS
Mesalamine Oral Tablet Delayed Release 800 MG	4	NEDS
Mesalamine Rectal Enema	4	NEDS
Mesalamine-Cleanser	4	NEDS
Antiulcer Agents And Acid Suppressants		
Amoxicill-Clarithro-Lansopraz Oral Therapy Pack	4	NEDS
Cimetidine HCl Oral Solution 300 MG/5ML	4	NEDS
Cimetidine Oral	4	NEDS
Famotidine Oral Tablet 20 MG, 40 MG	2	
Lansoprazole Oral Capsule Delayed Release	2	QL (60 EA per 30 days)
miSOPROStol Oral	2	
Omeprazole Oral Capsule Delayed Release	2	QL (60 EA per 30 days)
Pantoprazole Sodium Oral Tablet Delayed Release	2	QL (60 EA per 30 days)
Sucralfate Oral Suspension	4	NEDS
Sucralfate Oral Tablet	2	
Gi Drugs, Miscellaneous		
Alosetron HCl Oral Tablet 0.5 MG	4	NEDS
Alosetron HCl Oral Tablet 1 MG	5	NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT, 6000-19000 UNIT	3	NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT	4	NEDS
GATTEX	5	PA; Not available at mail-order; NEDS
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	NEDS
LINZESS	3	QL (30 EA per 30 days)
Metoclopramide HCl Oral Solution 5 MG/5ML	2	
Metoclopramide HCl Oral Tablet	2	
MOVANTIK	3	QL (30 EA per 30 days)
PEG 3350-KCl-Na Bicarb-NaCl	2	
PEG-3350/Electrolytes	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	PA; QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (12 ML per 30 days); NEDS
Ursodiol Oral Capsule 300 MG	3	
Ursodiol Oral Tablet	3	
VOWST	5	PA; Not available at mail-order; QL (12 EA per 30 days); NEDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 30 days); NEDS
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 EA per 28 days); NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT	4	NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	NEDS
Deferasirox Oral Tablet Soluble 125 MG	4	PA; Not available at mail-order; NEDS
Deferasirox Oral Tablet Soluble 250 MG, 500 MG	5	PA; Not available at mail-order; NEDS
penicillAMINE Oral Tablet	5	Not available at mail-order; NEDS
Trientine HCl Oral Capsule 250 MG	5	PA; Not available at mail-order; QL (240 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Hematological Agent		
Complement Inhibitor		
HAEGARDA	5	PA; Not available at mail-order; NEDS
Icatibant Acetate Subcutaneous Solution Prefilled Syringe	5	PA; Not available at mail-order; QL (18 ML per 30 days); NEDS
Hormones And Synthetic Substitutes		
Adrenals		
Budesonide ER Oral Tablet Extended Release 24 Hour	5	PA; QL (30 EA per 30 days); NEDS
Budesonide Oral	4	NEDS
Dexamethasone Oral Elixir	2	
Dexamethasone Oral Solution	2	
dexAMETHasone Oral Tablet	2	
EOHILIA	5	PA; QL (600 ML per 30 days); NEDS
Fludrocortisone Acetate Oral	2	
Hydrocortisone Oral	2	
methylPREDNISolone Oral	2	
prednisoLONE Oral Solution	2	
prednisoLONE Oral Tablet	4	NEDS
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 5 MG/5ML	2	
PREDNISONE INTENSOL	4	NEDS
PrediSONE Oral Solution	2	
predniSONE Oral Tablet	2	
predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)	2	
Androgens		
Danazol Oral	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	4	NEDS
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML, 200 MG/ML (1 ML)	4	NEDS
Testosterone Enanthate Intramuscular Solution	4	NEDS
Testosterone Transdermal Gel 12.5 MG/ACT (1%)	3	NEDS

Drug Name	Drug Tier	Requirements/Limits
Testosterone Transdermal Gel 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%)	4	NEDS
Testosterone Transdermal Solution	4	QL (180 ML per 30 days); NEDS
Antidiabetic Agents		
Acarbose Oral Tablet 100 MG, 50 MG	1	QL (90 EA per 30 days)
Acarbose Oral Tablet 25 MG	1	
Dapagliflozin	1	QL (30 EA per 30 days)
Dapagliflozin-metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
Dapagliflozin-metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 5-1000 MG	1	QL (60 EA per 30 days)
FARXIGA	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH	3	QL (30 ML per 30 days)
FIASP INJECTION	3	B/D; QL (30 ML per 30 days)
FIASP PENFILL	3	QL (30 ML per 30 days)
FIASP PUMPCART	3	B/D; QL (30 ML per 30 days)
Glimepiride Oral Tablet 1 MG, 4 MG	1	QL (60 EA per 30 days)
Glimepiride Oral Tablet 2 MG	1	QL (30 EA per 30 days)
glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG	1	QL (60 EA per 30 days)
glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG	1	QL (90 EA per 30 days)
glipiZIDE Oral Tablet 10 MG	1	QL (120 EA per 30 days)
glipiZIDE Oral Tablet 2.5 MG	1	QL (60 EA per 30 days)
glipiZIDE Oral Tablet 5 MG	1	QL (90 EA per 30 days)
glipiZIDE XL Oral Tablet Extended Release 24 Hour 10 MG	1	QL (60 EA per 30 days)
glipiZIDE XL Oral Tablet Extended Release 24 Hour 2.5 MG	1	QL (90 EA per 30 days)
glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG	1	QL (60 EA per 30 days)
glipiZIDE-metFORMIN HCl Oral Tablet 2.5-500 MG	1	QL (90 EA per 30 days)
glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG	1	QL (120 EA per 30 days)
GLYXAMBI	3	PA; QL (30 EA per 30 days); NEDS
HUMULIN R U-500 (CONCENTRATED)	5	B/D; QL (40 ML per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	QL (30 ML per 30 days); NEDS
JANUMET	3	PA; QL (60 EA per 30 days); NEDS
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	PA; QL (30 EA per 30 days); NEDS
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	PA; QL (60 EA per 30 days); NEDS
JANUVIA	3	PA; QL (30 EA per 30 days); NEDS
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	PA; QL (60 EA per 30 days); NEDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	PA; QL (60 EA per 30 days); NEDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	PA; QL (30 EA per 30 days); NEDS
LANTUS	3	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG	1	QL (120 EA per 30 days)
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG	1	QL (90 EA per 30 days)
metFORMIN HCl Oral Tablet 1000 MG	1	QL (60 EA per 30 days)
metFORMIN HCl Oral Tablet 500 MG	1	QL (120 EA per 30 days)
metFORMIN HCl Oral Tablet 850 MG	1	QL (90 EA per 30 days)
Miglitol	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days); NEDS
NOVOLIN 70/30	3	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN N	3	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN R	3	B/D; QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	3	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG INJECTION	3	B/D; QL (30 ML per 30 days)
NOVOLOG MIX 70/30	3	QL (30 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (30 ML per 30 days)
OZEMPIC	3	PA; QL (30 EA per 30 days); NEDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days); NEDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days); NEDS
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 ML per 28 days); NEDS
Pioglitazone HCl	1	QL (30 EA per 30 days)
Pioglitazone HCl-Glimepiride	1	QL (30 EA per 30 days)
Pioglitazone HCl-metFORMIN HCl	1	QL (90 EA per 30 days)
RYBELSUS	3	PA; QL (30 EA per 30 days); NEDS
SOLIQUA	3	QL (18 ML per 30 days)
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	3	QL (30 ML per 30 days)
TRADJENTA	3	PA; QL (30 EA per 30 days); NEDS
TRESIBA	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL (30 ML per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	PA; QL (30 EA per 30 days); NEDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	PA; QL (60 EA per 30 days); NEDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days); NEDS
XULTOPHY	3	QL (15 ML per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK	3	
Glucagon Emergency Injection Solution Reconstituted	3	
GVOKE HYPOPEN 1-PACK	4	NEDS
GVOKE HYPOPEN 2-PACK	4	NEDS
GVOKE KIT	4	NEDS
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	4	NEDS
miFEPRIStone Oral Tablet 300 MG	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
Contraceptives		
AFIRMELLE	2	
ALTAVERA	2	
Alyacen 1/35	2	
Alyacen 7/7/7	2	
APRI	2	
AUBRA EQ	2	
AUROVELA 1.5/30	2	
AUROVELA 1/20	2	
AUROVELA 24 FE	2	
AUROVELA FE 1.5/30	2	
AUROVELA FE 1/20	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE 1.5/30	2	
BLISOVI FE 1/20	2	
Briellyn	2	
CAMILA	2	
CHATEAL EQ	2	
CRYSELLE	2	
CYRED EQ	2	
DASETTA 1/35 (28)	2	
DASETTA 7/7/7	2	
DEBLITANE	2	
DELYLA	2	

Drug Name	Drug Tier	Requirements/Limits
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-0.02/0.01 MG (21/5)	2	
ELINEST	2	
ELURYNG	3	QL (1 EA per 28 days); NEDS
EMZAHH	2	
ENILLORING	3	QL (1 EA per 28 days); NEDS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
Ethynodiol Diac-Eth Estradiol	2	
Etonogestrel-Ethinyl Estradiol	3	QL (1 EA per 28 days); NEDS
FALMINA	2	
FEIRZA 1.5/30	2	
FEIRZA 1/20	2	
GALBRIELA	2	
GALLIFREY	2	
HAILEY 1.5/30	2	
HAILEY 24 FE	2	
HAILEY FE 1.5/30	2	
HAILEY FE 1/20	2	
HALOETTE	3	QL (1 EA per 28 days); NEDS
HEATHER	2	
ICLEVIA	2	
INCASSIA	2	
INTROVALE	2	
ISIBLOOM	2	
JENCYCLA	2	
JOLESSA	2	
JULEBER	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KALLIGA	2	
KARIVA	2	
KELNOR 1/35	2	

Drug Name	Drug Tier	Requirements/Limits
KURVELO	2	
LARIN 1.5/30	2	
LARIN 1/20	2	
LARIN 24 FE	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LESSINA	2	
LEVONEST	2	
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG	2	
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG	2	
Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG	2	
LEVORA 0.15/30 (28)	2	
LOESTRIN 1.5/30 (21)	2	
LOESTRIN 1/20 (21)	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
LOW-OGESTREL	2	
LUIZZA 1.5/30	2	
LUIZZA 1/20	2	
LUTERA	2	
LYLEQ	2	
LYZA	2	
Marlissa	2	
MELEYA	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MILI	2	
MONO-LINYAH	2	
NECON 0.5/35 (28)	2	
NECON 1/35 (28)	2	
NEXPLANON	5	Not available at mail-order; NEDS
NORA-BE	2	
Norelgestromin-Eth Estradiol	2	

Drug Name	Drug Tier	Requirements/Limits
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG	2	
Norethindrone Acetate Oral	2	
Norethindrone Acet-Ethinyl Est Oral Tablet	2	
Norethindrone Oral	2	
Norethindron-Ethinyl Estrad-Fe	2	
Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG	2	
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	2	
Norgestim-Eth Estrad Triphasic	2	
NORLYROC	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NYLIA 1/35	2	
NYLIA 7/7/7	2	
ORQUIDEA	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PORTIA-28	2	
RECLIPSEN	2	
SETLAKIN	2	
SHAROBEL	2	
SIMLIYA	2	
SKYLA	4	Not available at mail-order; NEDS
SOLIA	2	
SPRINTEC 28	2	
SRONYX	2	
TARINA 24 FE	2	
TARINA FE 1/20 EQ	2	
TILIA FE	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	

Drug Name	Drug Tier	Requirements/Limits
TRI-LO-MILI	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRINESSA (28)	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TURQOZ	2	
VALTYA 1/35	2	
VALTYA 1/50	2	
VELIVET	2	
VIENVA	2	
Viorele	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
XARAH FE	2	
XELRIA FE	2	
XULANE	2	
ZAFEMY	2	
ZOVIA 1/35 (28)	2	
Estrogens And Antiestrogens		
DUAVEE	4	NEDS
Estradiol Oral	2	
Estradiol Transdermal Patch Weekly	3	NEDS
Estradiol Vaginal Cream 0.01 %	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	NEDS
Estrogens Conjugated	4	NEDS
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
INTRAROSA	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	NEDS
Raloxifene HCl	2	

Drug Name	Drug Tier	Requirements/Limits
Gonadotropins		
Chorionic Gonadotropin Intramuscular	2	Not available at mail-order
PREGNYL	2	Not available at mail-order
Meglitinides		
Nateglinide	1	QL (90 EA per 30 days)
Repaglinide Oral Tablet 0.5 MG, 1 MG	1	QL (120 EA per 30 days)
Repaglinide Oral Tablet 2 MG	1	QL (240 EA per 30 days)
Parathyroid		
BONSITY	5	Not available at mail-order; QL (2.24 ML per 28 days); NEDS
Calcitonin (Salmon) Nasal	3	B/D; NEDS
Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML	5	Not available at mail-order; QL (2.24 ML per 28 days); NEDS
TYMLOS	5	Not available at mail-order; QL (1.56 ML per 28 days); NEDS
Pituitary		
Desmopressin Ace Spray Refrig	4	NEDS
Desmopressin Acetate Oral	3	NEDS
Desmopressin Acetate Spray	4	NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA; Not available at mail-order; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA; Not available at mail-order; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA; Not available at mail-order; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA; Not available at mail-order; NEDS
INCRELEX	5	PA; Not available at mail-order; NEDS
SOMAVERT	5	PA; Not available at mail-order; NEDS
SYNAREL	5	NEDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	NEDS
medroxyPROGESTERone Acetate Intramuscular	3	NEDS
MedroxyPROGESTERone Acetate Oral	2	

Drug Name	Drug Tier	Requirements/Limits
Progesterone Oral	4	NEDS
Somatostatin Agonists		
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 500 MCG/ML	4	Not available at mail-order; NEDS
Octreotide Acetate Injection Solution 50 MCG/ML	2	Not available at mail-order
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML, 500 MCG/ML	4	Not available at mail-order; NEDS
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 50 MCG/ML	2	Not available at mail-order
SIGNIFOR	5	PA; Not available at mail-order; NEDS
Somatotropin Agonists		
Lanreotide Acetate	5	PA (NS); Not available at mail-order; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA (NS); Not available at mail-order; NEDS
Thyroid And Antithyroid Agents		
LEVO-T	2	
Levothyroxine Sodium Oral Tablet	2	
LEVOXYL	2	
LIOMNY	2	
Liothyronine Sodium Oral	2	
methIMAzole Oral	2	
Propylthiouracil Oral	2	
SYNTHROID	3	
UNITHROID	2	
Immunomodulatory Agent		
Disease-Modifying Antirheumatic Drug		
INFLECTRA	5	PA; Not available at mail-order; NEDS
RENFLEXIS	5	PA; Not available at mail-order; NEDS
Disease-Modifying Artirheumatic Drug		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	Not available at mail-order; NEDS
Multiple Sclerosis Therapies		
Dimethyl Fumarate Oral Capsule Delayed Release 120 MG	4	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Dimethyl Fumarate Oral Capsule Delayed Release 240 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	4	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Fingolimod HCl	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe 20 MG/ML	5	PA; Not available at mail-order; QL (30 ML per 30 days); NEDS
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe 40 MG/ML	5	PA; Not available at mail-order; QL (12 ML per 28 days); NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; Not available at mail-order; QL (30 ML per 30 days); NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; Not available at mail-order; QL (12 ML per 28 days); NEDS
KESIMPTA	5	PA; Not available at mail-order; QL (0.4 ML per 28 days); NEDS
MAYZENT	5	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	3	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	3	PA; Not available at mail-order; QL (7 EA per 30 days); NEDS
PLEGRIDY INTRAMUSCULAR	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
Teriflunomide	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
VUMERITY	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
ZEPOSIA	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK	5	PA; Not available at mail-order; QL (7 EA per 7 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	5	PA; Not available at mail-order; QL (28 EA per 28 days); NEDS
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
Dutasteride Oral	4	QL (30 EA per 30 days); NEDS
Finasteride Oral Tablet 5 MG	2	
Miscellaneous Therapeutic Agents		
ACTIMMUNE	5	Not available at mail-order; NEDS
Adalimumab-aaty (1 Pen) Subcutaneous Auto-Injector Kit 80 MG/0.8ML	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
Adalimumab-aaty (2 Pen)	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
Adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
Adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
Adalimumab-aaty CD/UC/HS Start	5	PA; Not available at mail-order; QL (3 EA per 28 days); NEDS
Alendronate Sodium Oral Tablet 10 MG	2	QL (30 EA per 30 days)
Alendronate Sodium Oral Tablet 35 MG	2	QL (8 EA per 28 days)
Alendronate Sodium Oral Tablet 70 MG	2	QL (12 EA per 84 days)
Allopurinol Oral Tablet 100 MG, 300 MG	2	
Anagrelide HCl	4	NEDS
ARCALYST	5	PA; Not available at mail-order; NEDS
Auranofin	4	NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
azaTHIOprine Oral Tablet 100 MG, 75 MG	4	B/D; NEDS
azaTHIOprine Oral Tablet 50 MG	2	B/D
Baclofen Oral Tablet 10 MG, 20 MG, 5 MG	2	
BAFIERTAM	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
BENLYSTA	5	PA; Not available at mail-order; NEDS
Betaine	5	Not available at mail-order; NEDS
BETASERON SUBCUTANEOUS KIT	5	PA; Not available at mail-order; QL (14 EA per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
BILDYOS	4	Not available at mail-order; QL (1 ML per 180 days); NEDS
Bismuth/Metronidaz/Tetracyclin	4	QL (120 EA per 10 days); NEDS
BOTOX	3	PA; NEDS
Cabergoline	4	NEDS
Cinacalcet HCl Oral Tablet 30 MG, 60 MG	4	B/D; Not available at mail-order; QL (60 EA per 30 days); NEDS
Cinacalcet HCl Oral Tablet 90 MG	4	B/D; Not available at mail-order; QL (120 EA per 30 days); NEDS
Colchicine Oral Capsule	4	NEDS
Colchicine Oral Tablet	2	
Colchicine-Probenecid	2	
CORTROPHIN	5	PA; Not available at mail-order; QL (35 ML per 28 days); NEDS
CORTROPHIN GEL	5	PA; Not available at mail-order; QL (28 ML per 28 days); NEDS
COSENTYX (300 MG DOSE)	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG)	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; Not available at mail-order; QL (2.5 ML per 28 days); NEDS
COSENTYX UNOREADY	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
cycloSPORINE Modified	4	B/D; NEDS
CycloSPORINE Oral Capsule	4	B/D; NEDS
CYSTAGON	4	Not available at mail-order; NEDS
Dalfampridine ER	3	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Disulfiram Oral	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; Not available at mail-order; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; Not available at mail-order; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ELMIRON	4	NEDS
ENBREL MINI	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; Not available at mail-order; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
ENOBY	4	Not available at mail-order; QL (1 ML per 180 days); NEDS
ENTYVIO PEN	5	PA; Not available at mail-order; QL (1.36 ML per 28 days); NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D; NEDS
Everolimus Oral Tablet 0.25 MG	4	B/D; NEDS
Everolimus Oral Tablet 0.5 MG, 0.75 MG, 1 MG	5	B/D; NEDS
Febuxostat	4	ST; QL (30 EA per 30 days); NEDS
FORZINITY	5	PA; Not available at mail-order; QL (14 ML per 28 days); NEDS
GAMUNEX-C	5	B/D; Not available at mail-order; NEDS
GEMTESA	3	QL (30 EA per 30 days); NEDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D; NEDS
GENGRAF ORAL SOLUTION	4	B/D; NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 ML per 28 days); NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; Not available at mail-order; QL (6 ML per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 ML per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; Not available at mail-order; QL (6 ML per 28 days); NEDS
Ibandronate Sodium Oral	2	
Leflunomide Oral Tablet 10 MG	4	QL (60 EA per 30 days); NEDS
Leflunomide Oral Tablet 20 MG	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Leucovorin Calcium Injection Solution 500 MG/50ML	2	B/D
Leucovorin Calcium Injection Solution Reconstituted	2	B/D
Leucovorin Calcium Oral	2	
levOCARNitine Oral Solution	4	B/D; NEDS
levOCARNitine Oral Tablet	4	B/D; NEDS
Mesna Oral	4	NEDS
metyroSINE	5	Not available at mail-order; NEDS
Mycophenolate Mofetil Oral Capsule	4	B/D; NEDS
Mycophenolate Mofetil Oral Suspension Reconstituted	5	B/D; NEDS
Mycophenolate Mofetil Oral Tablet	4	B/D; NEDS
Mycophenolate Sodium	4	B/D; NEDS
Nitisinone	5	PA; Not available at mail-order; NEDS
OTEZLA ORAL TABLET	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	5	PA; Not available at mail-order; QL (55 EA per 28 days); NEDS
OTEZLA XR	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
OTEZLA/OTEZLA XR INITIATION PK	5	PA; Not available at mail-order; QL (41 EA per 28 days); NEDS
Probenecid Oral	4	NEDS
PROGRAF ORAL PACKET	4	B/D; NEDS
REVCOVI	5	PA; Not available at mail-order; NEDS
REZUROCK	5	PA (NS); Not available at mail-order; QL (30 EA per 30 days); NEDS
RINVOQ	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
RINVOQ LQ	5	PA; Not available at mail-order; QL (360 ML per 30 days); NEDS
Risedronate Sodium Oral Tablet 150 MG	4	QL (1 EA per 28 days); NEDS
Risedronate Sodium Oral Tablet 30 MG, 5 MG	4	QL (30 EA per 30 days); NEDS
Risedronate Sodium Oral Tablet 35 MG, 35 MG (12 PACK), 35 MG (4 PACK)	4	NEDS
Risedronate Sodium Oral Tablet Delayed Release	4	QL (4 EA per 28 days); NEDS
Sapropterin Dihydrochloride Oral Packet	5	PA; Not available at mail-order; NEDS

Drug Name	Drug Tier	Requirements/Limits
Sapropterin Dihydrochloride Oral Tablet	5	PA; Not available at mail-order; NEDS
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
SIMLANDI (1 SYRINGE)	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
SIMLANDI (2 PEN)	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
Sirolimus Oral Solution	4	B/D; NEDS
Sirolimus Oral Tablet 0.5 MG	2	B/D
Sirolimus Oral Tablet 1 MG, 2 MG	4	B/D; NEDS
SKYRIZI INTRAVENOUS	5	PA; Not available at mail-order; QL (10 ML per 28 days); NEDS
SKYRIZI PEN	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; Not available at mail-order; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; Not available at mail-order; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; Not available at mail-order; QL (0.74 ML per 28 days); NEDS
STARJEMZA SUBCUTANEOUS SOLUTION	3	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
Tacrolimus ER	4	B/D; NEDS
Tacrolimus Oral	4	B/D; NEDS
TALICIA	4	QL (168 EA per 14 days); NEDS
TARPEYO	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
TAVNEOS	5	PA; Not available at mail-order; QL (180 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
Tofacitinib Citrate ER	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Tofacitinib Citrate Oral Solution	5	PA; Not available at mail-order; QL (300 ML per 30 days); NEDS
Tofacitinib Citrate Oral Tablet	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Tolvaptan (Hyponatremia) Oral Tablet 15 MG	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Tolvaptan (Hyponatremia) Oral Tablet 30 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Tolvaptan Oral Tablet	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
Tolvaptan Oral Tablet Therapy Pack	5	PA; Not available at mail-order; QL (56 EA per 28 days); NEDS
Tranexamic Acid Oral	3	NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; Not available at mail-order; QL (2 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; Not available at mail-order; QL (2 ML per 28 days); NEDS
TREMFYA-CD/UC INDUCTION	5	PA; Not available at mail-order; QL (4 ML per 28 days); NEDS
TYBOST	4	NEDS
TYENNE INTRAVENOUS	5	PA; Not available at mail-order; QL (40 ML per 28 days); NEDS
TYENNE SUBCUTANEOUS	5	PA; Not available at mail-order; QL (3.6 ML per 28 days); NEDS
Ustekinumab-aauz Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	3	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
Ustekinumab-aauz Subcutaneous Solution Prefilled Syringe 90 MG/ML	3	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
VOQUEZNA DUAL PAK	4	QL (112 EA per 14 days); NEDS
VOQUEZNA TRIPLE PAK	4	QL (112 EA per 14 days); NEDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Not available at mail-order; QL (20 ML per 28 days); NEDS
WEGOVY ORAL	3	PA; QL (30 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 ML per 28 days); NEDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days); NEDS
XTRENBO	4	PA (NS); Not available at mail-order; QL (1.7 ML per 28 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION	5	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; Not available at mail-order; QL (4 EA per 28 days); NEDS
YUFLYMA-CD/UC/HS STARTER	5	PA; Not available at mail-order; QL (3 EA per 28 days); NEDS
ZELVYSIA ORAL PACKET 500 MG	5	PA; Not available at mail-order; NEDS
ZYMFENTRA (2 PEN)	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 SYRINGE)	5	PA; Not available at mail-order; QL (2 EA per 28 days); NEDS
Nutritional/Supplements		
Vitamins		
Calcitriol Oral Capsule	2	B/D
Calcitriol Oral Solution	4	B/D; NEDS
CompleteNate	2	
ELITE-OB	2	
M-Natal Plus	2	
NEONATAL PLUS	2	
NIVA-PLUS	2	
Paricalcitol Oral	4	B/D; NEDS
PNV Prenatal Plus Multivitamin	2	

Drug Name	Drug Tier	Requirements/Limits
PNV-DHA	2	
PNV-Omega	2	
PNV-Select	2	
Prenatal Oral Tablet 27-1 MG	2	
Prenatal Plus	2	
Se-Natal 19	2	
Thrivite Rx	2	
WesCap-PN DHA	2	
WesTab Plus	2	
Other Miscellaneous Therapeutic Agent		
Hematological Agent		
L-Glutamine Oral Packet	5	PA; Not available at mail-order; QL (180 EA per 30 days); NEDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Not available at mail-order; QL (18 ML per 30 days); NEDS
Immunomodulator		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	5	PA; Not available at mail-order; QL (2 ML per 42 days); NEDS
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML	5	PA; Not available at mail-order; QL (3 ML per 42 days); NEDS
RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML	5	PA; Not available at mail-order; QL (4 ML per 42 days); NEDS
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML	5	PA; Not available at mail-order; QL (6 ML per 42 days); NEDS
Pharmaceutical Aids		
Pharmaceutical Aids		
Alcohol Prep	3	PA
Alcohol Prep Pads	3	PA
Alcohol Swabs	3	PA
Alcohol Swabstick Pad	3	PA
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA
AUM Alcohol Prep Pads	3	PA
BAND-AID GAUZE SMALL	3	PA
BD AUTOSHIELD DUO	3	PA
BD INS SYR ULTRAFINE 1/2UNIT	3	PA
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	3	PA
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	3	PA
BD INSULIN SYRINGE HALF-UNIT	3	PA
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	PA
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	3	PA
BD INSULIN SYRINGE U-500	3	PA
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	PA
BD PEN NEEDLE MICRO ULTRAFINE	3	PA
BD PEN NEEDLE MINI ULTRAFINE	3	PA
BD PEN NEEDLE NANO 2ND GEN	3	PA
BD PEN NEEDLE NANO ULTRAFINE	3	PA
BD PEN NEEDLE ORIG ULTRAFINE	3	PA
BD PEN NEEDLE SHORT ULTRAFINE	3	PA
BD SAFETYGLIDE INSULIN SYRINGE	3	PA
BD SWAB SINGLE USE REGULAR	3	PA
BD VEO INSULIN SYR U/F 1/2UNIT	3	PA
BD VEO INSULIN SYR ULTRAFINE	3	PA
CARETOUCH ALCOHOL PREP	3	PA
CEQUR SIMPLICITY 1U EXTND WEAR	4	PA (NS); QL (4 EA per 28 days); NEDS
CEQUR SIMPLICITY 2U	4	PA (NS); QL (8 EA per 28 days); NEDS
CEQUR SIMPLICITY 2U EXTND WEAR	4	PA (NS); QL (5 EA per 28 days); NEDS
CEQUR SIMPLICITY INSERTER	4	PA (NS); QL (2 EA per 365 days); NEDS
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA
CURITY ALCOHOL PREPS	3	PA
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	3	PA
CURITY GAUZE SPONGE PAD 2"X2"	3	PA
CVS Alcohol Prep Pads	3	PA
CVS Antibacterial Gauze	3	PA
CVS Gauze Pad 2"X2"	3	PA

Drug Name	Drug Tier	Requirements/Limits
CVS Gauze Sterile Pad 2"X2"	1	PA
CVS Isopropyl Alcohol Wipes	3	PA
CVS Prep	3	PA
DERMACEA IV DRAIN SPONGES PAD 2"X2"	3	PA
DERMACEA IV SPONGES	3	PA
DERMACEA TYPE VII GAUZE PAD 2"X2"	3	PA
DROPSAFE ALCOHOL PREP	3	PA
EASY TOUCH ALCOHOL PREP MEDIUM	3	PA
EMBECTA AUTOSHIELD DUO	3	PA
EMBECTA INS SYR U/F 1/2 UNIT	3	PA
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	PA
EMBECTA INSULIN SYRINGE	3	PA
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	3	PA
EMBECTA INSULIN SYRINGE U-500	3	PA
EMBECTA PEN NEEDLE NANO	3	PA
EMBECTA PEN NEEDLE NANO 2 GEN	3	PA
EMBECTA PEN NEEDLE ULTRAFINE	3	PA
EQL Alcohol Swabs	3	PA
EQL Gauze Pad 2"X2"	3	PA
EXCILON IV SPONGES	3	PA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	PA
FIFTY50 ALCOHOL PREP	3	PA
Gauze Pads Pad 2"X2"	3	PA
Gauze Type VII Medi-Pak	3	PA
Global Alcohol Prep Ease	1	PA
GNP Alcohol Swabs Pad 70 %	3	PA
GNP Sterile Gauze Pad 2"X2"	3	PA
GoodSense Alcohol Swabs	3	PA
H-E-B inControl Alcohol	3	PA
HM Sterile Pads Pad 2"X2"	3	PA
Isopropyl Alcohol External	3	PA
Isopropyl Alcohol Wipes	3	PA
J & J GAUZE PAD 2"X2"	3	PA

Drug Name	Drug Tier	Requirements/Limits
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	3	PA
Meijer Alcohol Swabs	3	PA
MIRASORB SPONGES 2"X2"	3	PA
NOVOPEN ECHO	3	PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA (NS); QL (1 EA per 365 days); NEDS
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA (NS); QL (10 EA per 30 days); NEDS
OMNIPOD 5 LIBRE INTRO	3	PA (NS); QL (1 EA per 365 days); NEDS
OMNIPOD 5 LIBRE PODS	3	PA (NS); QL (10 EA per 30 days); NEDS
OMNIPOD DASH INTRO (GEN 4)	3	PA (NS); QL (1 EA per 365 days); NEDS
OMNIPOD DASH PDM (GEN 4)	3	PA (NS); QL (1 EA per 365 days); NEDS
OMNIPOD DASH PODS (GEN 4)	3	PA (NS); QL (10 EA per 30 days); NEDS
OMNIPOD POD PALS	3	QL (10 EA per 30 days)
Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML	1	PA
QC Alcohol	1	PA
QC Alcohol Swabs	3	PA
QC Border Island Gauze	3	PA
QC Sterile Pads Pad 2"X2"	3	PA
RA Alcohol Swabs	3	PA
RA Isopropyl Alcohol Wipes	3	PA
RA Sterile Pad 2"X2"	3	PA
Reality Swabs	3	PA
RELION ALCOHOL SWABS	3	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	PA
SB Alcohol Prep	3	PA
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	PA
SM Sterile Pad 2"X2"	3	PA
Sterile Gauze Pad 2"X2"	3	PA
Sterile Pad 2"X2"	3	PA
Sure Comfort Alcohol Prep	3	PA
THERAGAUZE PAD 2"X2"	3	PA
True Comfort Pro Alcohol Prep	3	PA

Drug Name	Drug Tier	Requirements/Limits
ULTICARE ALCOHOL SWABS	3	PA
Ultilet Alcohol Swabs	3	PA
Ultra-Care Alcohol Prep Pads	3	PA
WEBCOL ALCOHOL PREP LARGE	3	PA
WEBCOL ALCOHOL PREP MEDIUM	3	PA
ZevRx Sterile Alcohol Prep Pad	3	PA
Respiratory Tract Agents		
Corticosteroids (Respiratory Tract)		
ADVAIR HFA	4	QL (12 GM per 30 days); NEDS
ARNUITY ELLIPTA	3	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	3	QL (60 EA per 30 days)
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	4	B/D; NEDS
Budesonide Inhalation Suspension 1 MG/2ML	4	B/D; QL (60 ML per 30 days); NEDS
Budesonide-Formoterol Fumarate	4	QL (10.2 GM per 30 days); NEDS
DULERA	4	QL (13 GM per 30 days); NEDS
Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 EA per 30 days)
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT	2	QL (120 EA per 30 days)
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 250 MCG/ACT	2	QL (240 EA per 30 days)
Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	2	QL (180 EA per 30 days)
Fluticasone Propionate HFA	2	QL (24 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	3	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	4	QL (60 EA per 30 days); NEDS
Leukotriene Modifiers		
Montelukast Sodium Oral Packet	4	NEDS
Montelukast Sodium Oral Tablet	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Montelukast Sodium Oral Tablet Chewable	2	QL (30 EA per 30 days)
Zafirlukast	4	QL (60 EA per 30 days); NEDS
Respiratory Tract Agents, Miscellaneous		
Acetylcysteine Inhalation	4	B/D; NEDS
ADEMPAS	5	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)
Bosentan Oral Tablet 125 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Bosentan Oral Tablet 62.5 MG	5	PA; Not available at mail-order; QL (120 EA per 30 days); NEDS
Cromolyn Sodium Inhalation	4	B/D; NEDS
Cromolyn Sodium Oral	4	NEDS
ELIXOPHYLLIN	4	NEDS
EPINEPHrine Injection Solution 0.3 MG/0.3ML	2	
EPINEPHrine Injection Solution Auto-Injector	2	
FASENRA PEN	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; Not available at mail-order; QL (0.5 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; Not available at mail-order; QL (1 ML per 28 days); NEDS
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG	5	PA; Not available at mail-order; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 50 MG, 75 MG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
Macitentan	5	PA; Not available at mail-order; QL (30 EA per 30 days); NEDS
Nintedanib Esylate	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; Not available at mail-order; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; Not available at mail-order; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; Not available at mail-order; QL (0.4 ML per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; Not available at mail-order; QL (3 EA per 28 days); NEDS
OFEV	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET 100-125 MG	5	PA; Not available at mail-order; QL (112 EA per 28 days); NEDS
ORKAMBI ORAL PACKET 150-188 MG, 75-94 MG	5	PA; Not available at mail-order; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	5	PA; Not available at mail-order; QL (112 EA per 28 days); NEDS
Pirfenidone Oral Capsule	5	PA; Not available at mail-order; QL (270 EA per 30 days); NEDS
Pirfenidone Oral Tablet 267 MG	5	PA; Not available at mail-order; QL (270 EA per 30 days); NEDS
Pirfenidone Oral Tablet 801 MG	5	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; Not available at mail-order; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA; Not available at mail-order; QL (150 ML per 30 days); NEDS
Roflumilast Oral Tablet 250 MCG	4	NEDS
Roflumilast Oral Tablet 500 MCG	4	QL (30 EA per 30 days); NEDS
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG, 450 MG	4	NEDS
Theophylline ER Oral Tablet Extended Release 24 Hour	2	
Theophylline Oral	4	NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; Not available at mail-order; QL (90 EA per 30 days); NEDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA; Not available at mail-order; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	5	PA; Not available at mail-order; QL (56 EA per 28 days); NEDS
UPTRAVI ORAL TABLET 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; Not available at mail-order; QL (60 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 200 MCG	5	PA; Not available at mail-order; QL (140 EA per 28 days); NEDS
UPTRAVI TITRATION	5	PA; Not available at mail-order; QL (200 EA per 28 days); NEDS
WINREVAIR	5	PA; Not available at mail-order; NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; Not available at mail-order; QL (6 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; Not available at mail-order; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; Not available at mail-order; QL (6 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; Not available at mail-order; QL (8 EA per 28 days); NEDS
ZEMAIRA	5	PA; Not available at mail-order; NEDS
Serums, Toxoids, And Vaccines		
Toxoids		
ADACEL	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NEDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	NEDS
INFANRIX	4	NEDS
TDVAX	3	
TENIVAC INTRAMUSCULAR INJECTABLE	3	
Tetanus-Diphtheria Toxoids Td	3	
Vaccines		
ABRYSVO	4	NEDS
ACTHIB	4	NEDS
AREXVY	4	NEDS
BCG Vaccine Injection Solution Reconstituted	4	NEDS
BEXSERO	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	4	B/D; NEDS
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	4	B/D; NEDS
GARDASIL 9	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	B/D; NEDS
HIBERIX INJECTION	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	NEDS
IPOL INJECTION SUSPENSION	4	NEDS
IXIARO	4	NEDS
JYNNEOS	4	B/D; NEDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NEDS
MENQUADFI INTRAMUSCULAR SOLUTION	4	NEDS
MENVEO	3	
M-M-R II INJECTION	3	
MRESVIA	4	NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NEDS
PEDVAXHIB	4	NEDS
PENBRAYA	3	
Penmenvy	4	NEDS
PENTACEL	3	
PRIORIX	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	NEDS
QUADRACEL	4	NEDS
RABAVERT	4	NEDS
RECOMBIVAX HB	3	B/D
ROTARIX ORAL SUSPENSION	4	NEDS
ROTATEQ ORAL SOLUTION	4	NEDS
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NEDS
Stamaril	4	NEDS
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NEDS
TYPHIM VI	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
VAQTA	3	
VARIVAX INJECTION	3	
VARIZIG INTRAMUSCULAR SOLUTION	4	Not available at mail-order; NEDS
VAXCHORA	4	NEDS
VIMKUNYA	4	NEDS
VIVOTIF	4	NEDS
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	NEDS
Skin And Mucous Membrane Agents		
Antibacterials (Skin And Mucous Membrane)		
Benzoyl Peroxide-Erythromycin	4	NEDS
Clindamycin Phos (Twice-Daily)	2	
Clindamycin Phosphate External Lotion	2	
Clindamycin Phosphate External Solution	2	QL (60 ML per 28 days)
Clindamycin Phosphate External Swab	2	
Clindamycin Phosphate Vaginal	2	
Ery	4	NEDS
Erythromycin External Gel	4	NEDS
Erythromycin External Solution	2	
Gentamicin Sulfate External Cream	2	QL (90 GM per 30 days)
Gentamicin Sulfate External Ointment	2	
metroNIDAZOLE Vaginal	3	
Mupirocin External	2	
Antifungals (Skin And Mucous Membrane)		
CICLODAN EXTERNAL SOLUTION	4	NEDS
Ciclopirox External Solution	4	NEDS
Ciclopirox Olamine External	2	
Clotrimazole External Cream	2	
Clotrimazole External Solution	2	
Clotrimazole Mouth/Throat Troche	2	QL (70 EA per 14 days)
Clotrimazole-Betamethasone	2	
Econazole Nitrate External Cream	4	QL (85 GM per 30 days); NEDS
Ketoconazole External Cream	2	QL (60 GM per 28 days)
Ketoconazole External Shampoo 2 %	2	
KLAYESTA	2	
Miconazole 3 Vaginal Suppository	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
NYAMYC	2	
Nystatin External	2	
Nystatin-Triamcinolone	3	
NYSTOP	2	
Terconazole Vaginal Cream	2	
Terconazole Vaginal Suppository	4	NEDS
Anti-Inflammatory Agents (Skin And Mucous)		
Ala-Cort External Cream 1 %	4	NEDS
Betamethasone Dipropionate Aug External Cream	2	
Betamethasone Dipropionate Aug External Gel	4	NEDS
Betamethasone Dipropionate Aug External Lotion	4	NEDS
Betamethasone Dipropionate Aug External Ointment	4	NEDS
Betamethasone Dipropionate External Cream	2	
Betamethasone Dipropionate External Lotion	2	
Betamethasone Dipropionate External Ointment	4	NEDS
Betamethasone Valerate External Cream	2	
Betamethasone Valerate External Foam	4	NEDS
Betamethasone Valerate External Lotion	2	
Betamethasone Valerate External Ointment	2	
Clobetasol Propionate E	4	NEDS
Clobetasol Propionate External Cream 0.05 %	2	
Clobetasol Propionate External Foam	4	NEDS
Clobetasol Propionate External Gel	2	
Clobetasol Propionate External Liquid	4	NEDS
Clobetasol Propionate External Lotion	4	NEDS
Clobetasol Propionate External Ointment	2	
Clobetasol Propionate External Shampoo	4	NEDS
Clobetasol Propionate External Solution	2	QL (50 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	4	NEDS
Desonide External Cream	2	
Desonide External Lotion	4	NEDS
Desonide External Ointment	2	
Desoximetasone External Cream 0.05 %	4	NEDS
Desoximetasone External Cream 0.25 %	2	
Desoximetasone External Gel	2	
Desoximetasone External Ointment	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Fluocinolone Acetonide Body	3	
Fluocinolone Acetonide External Cream 0.01 %	3	
Fluocinolone Acetonide External Cream 0.025 %	2	
Fluocinolone Acetonide External Ointment	2	
Fluocinolone Acetonide External Solution	3	
Fluocinolone Acetonide Scalp	3	
Fluocinonide External Gel	2	
Fluocinonide External Ointment	2	
Fluocinonide External Solution	2	
Fluticasone Propionate External Cream	3	
Fluticasone Propionate External Ointment	3	
Halobetasol Propionate External Cream	4	NEDS
Halobetasol Propionate External Ointment	4	NEDS
Hydrocortisone (Perianal)	2	
Hydrocortisone Butyrate External Ointment	4	NEDS
Hydrocortisone External Cream 1 %, 2.5 %	2	
Hydrocortisone External Lotion 2.5 %	2	
Hydrocortisone External Ointment 1 %, 2.5 %	2	
Hydrocortisone Rectal Enema	2	
Hydrocortisone Valerate External Ointment	4	NEDS
KOURZEQ	3	
Mometasone Furoate External	2	
ORALONE	3	
PROCTOCORT EXTERNAL	2	
PROCTO-MED HC EXTERNAL	2	
PROCTOSOL HC EXTERNAL	2	
PROCTOZONE-HC EXTERNAL	2	
Triamcinolone Acetonide External Cream	2	
Triamcinolone Acetonide External Lotion	3	
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	2	
Triamcinolone Acetonide Mouth/Throat	3	
TRIDERM EXTERNAL CREAM 0.5 %	2	
Antivirals (Skin And Mucous Membrane)		
Acyclovir External Ointment	4	NEDS
Penciclovir	4	NEDS

Drug Name	Drug Tier	Requirements/Limits
Local Anti-Infectives, Miscellaneous		
metroNIDAZOLE External Cream	2	
metroNIDAZOLE External Gel 0.75 %	2	
metroNIDAZOLE External Gel 1 %	4	NEDS
metroNIDAZOLE External Lotion	4	NEDS
Selenium Sulfide External Lotion	2	
Silver sulfADIAZINE External	2	
SSD	2	
Sulfacetamide Sodium (Acne)	4	NEDS
THERMAZENE	2	
Scabicides And Pediculicides		
CROTAN	4	NEDS
Malathion External	4	NEDS
Permethrin External Cream	2	
PRURADIK	4	NEDS
Skin And Mucous Membrane Agents, Misc.		
ACCUTANE	2	
Acitretin	4	PA; NEDS
Adapalene External Gel	4	NEDS
Ammonium Lactate External	2	
AMNESTEEM	2	
Bexarotene External	5	PA (NS); Not available at mail-order; NEDS
Calcipotriene External Cream	4	QL (120 GM per 30 days); NEDS
Calcipotriene External Ointment	4	QL (120 GM per 30 days); NEDS
Calcipotriene External Solution	3	QL (120 ML per 30 days); NEDS
CALCITRENE	4	QL (120 GM per 30 days); NEDS
CLARAVIS	2	
EUCRISA	3	ST; QL (120 GM per 30 days); NEDS
Fluorouracil External Cream 5 %	4	NEDS
Fluorouracil External Solution	2	
Imiquimod External Cream 5 %	2	
ISOtretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	2	
Lidocaine External Ointment 5 %	4	QL (180 GM per 30 days); NEDS
Lidocaine External Patch 5 %	2	PA; QL (90 EA per 30 days)
Lidocaine-Prilocaine External Cream	2	B/D; QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Nitroglycerin Rectal	4	NEDS
Pimecrolimus	4	ST; NEDS
Podofilox External Solution	2	
REGRANEX	5	PA; QL (15 GM per 30 days); NEDS
SANTYL	3	QL (90 GM per 30 days)
Tacrolimus External Ointment	4	ST; NEDS
Tazarotene External Cream 0.1 %	4	NEDS
Tazarotene External Gel 0.1 %	4	NEDS
Tretinoin External	4	NEDS
TRIDACAINE II	2	PA; QL (90 EA per 30 days)
TRILITAS	4	NEDS
ZENATANE	2	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
Oxybutynin Chloride ER	4	ST; QL (60 EA per 30 days); NEDS
oxyBUTYnin Chloride Oral Solution	4	ST; QL (600 ML per 30 days); NEDS
Oxybutynin Chloride Oral Tablet 5 MG	4	ST; QL (120 EA per 30 days); NEDS
Solifenacin Succinate	4	ST; QL (30 EA per 30 days); NEDS
Tolterodine Tartrate ER	4	ST; QL (30 EA per 30 days); NEDS

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Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-430-9852 (TTY: 711)
Fax: 1-833-560-1828

WV Human Rights Commission
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Charleston, WV 25301
304-558-2616
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hho.fyi/wv-hrc

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200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo.

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ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili.

ATTENTION : si vous parlez français, des services de traduction et d'interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles.

ÀKÍYÈSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati òǵbufọ èdè wà ní àrọwọtó lọ́fẹ̀ẹ́ fún ọ. Awọn iṣẹ ìtọ́jú ati ìrànlọ́wọ́ tó yẹ (bíi titẹwé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìráàyè si wà pẹlu lọ́fẹ̀ẹ́.

אכטונג: אויב איר רעדט אידיש, קענט איר באקומען שפראך איבערזעצונג און דאלמעטשונג סערוויסעס פריי פון אפצאל. געהעריגע הילפסמיטלען און סערוויסעס (אזויווי גרויסע דרוק, אודיא און ברעיל) צו צושטעלן אינפארמאציע אין צוגענגליכע פארמאטן זענען אויך דא צו באקומען פריי פון אפצאל.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات الترجمة التحريرية والترجمة الفورية مجانًا. تتوفر أيضًا الوسائل والخدمات المساعدة المناسبة (مثل الـ باعة الكبيرة، والوسائل الصوتية، وطريقة برايل) لتقديم المعلومات بتنسيقاتٍ يمكن الوصول إليها من دون أي تكلفة.

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિઃશુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિઃશુલ્ક ઉપલબ્ધ છે.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận.

ध्यान दिनुहोस्: यदि तपाई नेपाली बोल्नुहुन्छ भने, तपाईलाई निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क उपलब्ध छन्।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ़्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फ़ॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क उपलब्ध हैं।

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용할 수 있습니다. 도움이

Highmark Health Options Duals (HMO SNP) Formulary

(List of covered drugs)

This formulary was updated on October 23, 2026.

For more recent information or other questions, please contact Highmark Health Options Duals toll-free at 1-833-957-0025. (TTY users should call 711).

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

Or visit us at **www.Highmark.com/hhoduals/wv**.

125 Fifth Avenue,
Pittsburgh PA 15212

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