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***SilverScript (EGWP) Employer PDP for MHBP Standard
Option PSHBP (SilverScript (EGWP))***

**2025 Formulary
(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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-833-266-6958, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

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 SilverScript[®] Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript (EGWP).

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

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

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

Please note: MHBP Postal Service Health Benefits Program provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by MHBP Postal Service Health Benefits Program covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefits. Customer Care also has free language interpreter services available for non-English speakers.

Can the Formulary change?

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

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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

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

If you are currently taking that 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 in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript (EGWP) Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may 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. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, 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 or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception 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 find information in the section below titled “How do I request an exception to the SilverScript (EGWP) Formulary?”

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

This formulary is current as of January 1, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. 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.

Medical Condition

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

What are generic drugs?

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

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 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 (PA):** Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (EGWP) will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript (EGWP) 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 SilverScript (EGWP) Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care 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 Customer Care 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 us to make an exception and cover your drug. See below for information about how to request an exception.

MHBP Postal Service Health Benefits Program offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript (EGWP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a 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, SilverScript (EGWP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty (High Cost) Tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary or if 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 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. If coverage is not approved, after your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

Every drug on the plan’s drug list is in one of four cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

- **Cost-Sharing Tier 1: Generic**
- **Cost-Sharing Tier 2: Preferred Brand**
- **Cost-Sharing Tier 3: Non-Preferred Brand**
- **Cost-Sharing Tier 4: Specialty (High Cost)**

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your Individual maximum out-of-pocket is met:

| | Network Retail Pharmacy (Up to a 30-day supply) | Mail-Order Pharmacy (Up to a 30-day supply) | Long-Term Care (LTC) Pharmacy (Up to a 31-day supply) |
|--------------------------------------|---|---|---|
| Tier 1: Generic | \$5.00 | \$10.00 | \$5.00 |
| Tier 2: Preferred Brand | \$45.00 | \$55.00 | \$45.00 |
| Tier 3: Non-Preferred Brand | \$60.00 | \$80.00 | \$60.00 |
| Tier 4: Specialty (High Cost) | 15% of total cost Maximum \$225.00 | 15% of total cost Maximum \$425.00 | 15% of total cost Maximum \$225.00 |

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Costs shown in the table above reflect the additional coverage that may be provided by MHBP Postal Service Health Benefits Program. Drugs that are part of your standard Medicare plan, but do not have additional coverage from MHBP Postal Service Health Benefits Program would be covered under the 2025 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2025-Medicare-Part-D-Outlook.php> for more information about the 2025 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript (EGWP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

If you have general questions about Medicare Part D 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 www.medicare.gov.

SilverScript (EGWP)'s Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| ANALGESICS | | |
| GOUT | | |
| <i>allopurinol</i> TABS 100mg, 300mg | 1 | |
| ALLOPURINOL TABS 200mg | 3 | |
| <i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg | 4 | NDS |
| ALOPRIM SOLR 500mg | 4 | NDS |
| <i>colchicine</i> TABS .6mg QL (120 tabs / 30 days) | 1 | QL |
| <i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i> | 1 | |
| COLCRYS TABS .6mg QL (120 tabs / 30 days) | 3 | QL |
| <i>febuxostat</i> TABS 40mg | 1 | PA |
| <i>febuxostat</i> (generic of ULORIC) TABS 80mg | 1 | PA |
| KRYSTEXXA SOLN 8mg/ml | 4 | NDS NM PA |
| MITIGARE CAPS .6mg QL (60 caps / 30 days) | 2 | QL |
| <i>probenecid</i> TABS 500mg | 1 | |
| ULORIC TABS 40mg, 80mg | 3 | PA |
| MISCELLANEOUS | | |
| <i>acetaminophen</i> SOLN 10mg/ml | 1 | |
| <i>clonidine hcl (analgesia)</i> (generic of DURACLON) SOLN 100mcg/ml | 1 | B/D |
| DURACLON SOLN 100mcg/ml | 3 | B/D |
| <i>lidocaine hcl (local anesth.)</i> SOLN 4% | 1 | B/D |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2% | 1 | B/D |
| XYLOCAINE SOLN .5%, 1%, 2% | 3 | B/D |
| XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
| NSAIDS | | |
| ARTHROTEC 50 TAB | 3 | |
| ARTHROTEC 75 TAB | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | 3 | QL |
| CELEBREX CAPS 400mg QL (30 caps / 30 days) | 3 | QL |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | 1 | QL |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days) | 1 | QL |
| COMBOGESIC INJ 300-1000 | 3 | |
| DAYPRO TABS 600mg | 3 | |
| <i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| <i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | 1 | |
| <i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50) | 1 | |
| <i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75) | 1 | |
| <i>diflunisal</i> TABS 500mg | 1 | |
| <i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days) | 1 | QL |
| <i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days) | 1 | QL |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| <i>etodolac</i> (generic of LODINE) TABS 400mg | 1 | |
| <i>fenopropfen calcium</i> (generic of NALFON) CAPS 400mg QL (240 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>fenoprofen calcium</i> TABS 600mg QL (150 tabs / 30 days) | 1 | QL PA |
| <i>flurbiprofen</i> TABS 100mg | 1 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen-famotidine tab 800-26.6 mg</i> (generic of DUEXIS) QL (90 tabs / 30 days) | 1 | QL PA |
| <i>ketoprofen</i> CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>ketoprofen</i> CAPS 50mg QL (180 caps / 30 days) | 4 | NDS QL PA |
| <i>ketoprofen</i> CP24 200mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older | 1 | QL PA |
| <i>kiprofen</i> CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>lofena</i> TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg | 1 | |
| <i>mefenamic acid</i> CAPS 250mg | 1 | |
| <i>meloxicam</i> CAPS 5mg, 10mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 1 | |
| NALFON CAPS 400mg QL (240 caps / 30 days) | 3 | QL PA |
| NALFON TABS 600mg QL (150 tabs / 30 days) | 3 | QL PA |
| NAPRELAN TB24 375mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| NAPRELAN TB24 500mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| NAPRELAN TB24 750mg QL (60 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| NAPROSYN SUSP 125mg/5ml QL (1800 mL / 30 days) | 3 | QL PA |
| <i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml QL (1800 mL / 30 days) | 1 | QL PA |
| <i>naproxen</i> TABS 250mg, 375mg | 1 | |
| <i>naproxen</i> (generic of NAPROSYN) TABS 500mg | 1 | |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days) | 1 | QL |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days) | 1 | QL |
| <i>naproxen sodium</i> TABS 275mg | 1 | |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg | 1 | |
| <i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>naproxen sodium</i> (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO) QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO) QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>oxaprozin</i> (generic of DAYPRO) TABS 600mg | 1 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 1 | |
| RELAFEN DS TABS 1000mg | 4 | NDS PA |
| SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days) | 4 | NDS QL NM PA |
| <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| <i>tolmetin sodium</i> CAPS 400mg; TABS 600mg | 1 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|--|----------------------------|-----------|
| VIMOVO TAB 375-20MG QL (60 tabs / 30 days) | 4 | NDS QL PA | HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 3 | QL PA |
| VIMOVO TAB 500-20MG QL (60 tabs / 30 days) | 4 | NDS QL PA | HYSINGLA ER T24A 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| ZIPSOR CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA | <i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| OPIOID ANALGESICS, LONG-ACTING | | | <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days) | 1 | QL PA |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days) | 3 | QL PA | <i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) | 1 | QL PA |
| BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days) | 4 | NDS QL PA | METHADONE HCL INJ SOLN 10mg/ml | 3 | |
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 1 | QL PA | <i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days) | 1 | QL PA |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 3 | QL PA | <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days) | 1 | QL PA |
| CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days) | 3 | QL PA | <i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days) | 1 | QL PA | <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days) | 1 | QL PA | MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days) | 3 | QL PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days) | 1 | QL PA | MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days) | 4 | NDS QL PA | NUCYNTA ER TB12 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days) | 1 | QL PA | NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| | | | OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|---|----------------------------|-----------|
| OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days) | 4 | NDS QL PA | DILAUDID LIQD 1mg/ml QL (600 mL / 30 days) | 3 | QL |
| <i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days) | 1 | QL PA | DILAUDID SOLN 1mg/ml, 2mg/ml | 3 | B/D |
| <i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days) | 4 | NDS QL PA | DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days) | 3 | QL |
| <i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days) | 1 | QL PA | DILAUDID TABS 8mg QL (180 tabs / 30 days) | 4 | NDS QL |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 1 | QL PA | <i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg QL (60 caps / 30 days) | 3 | QL PA | <i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| XTAMPZA ER C12A 27mg, 36mg QL (60 caps / 30 days) | 4 | NDS QL PA | <i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| OPIOID ANALGESICS, SHORT-ACTING | | | <i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| <i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days) | 1 | QL | <i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days) | 1 | QL PA |
| <i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days) | 1 | QL | <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days) | 4 | NDS QL PA |
| <i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days) | 1 | QL | <i>fentanyl citrate</i> TABS 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| <i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days) | 1 | QL | FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| <i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-</i> <i>16 mg</i> QL (300 caps / 30 days) | 1 | QL | <i>hydrocodone-acetaminophen</i> <i>soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days) | 1 | QL |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 3 | | <i>hydrocodone-acetaminophen</i> <i>tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days) | 1 | QL |
| <i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days) | 1 | QL | <i>hydrocodone-acetaminophen</i> <i>tab 5-325 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days) | 3 | QL | | | |
| <i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days) | 1 | QL | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>hydrocodone-acetaminophen</i> tab 7.5-300 mg QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen</i> tab 7.5-325 mg QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen</i> tab 10-300 mg QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen</i> tab 10-325 mg QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen</i> tab 5-200 mg QL (150 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen</i> tab 7.5-200 mg QL (150 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen</i> tab 10-200 mg QL (150 tabs / 30 days) | 1 | QL |
| <i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days) | 1 | QL |
| <i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml | 3 | B/D |
| <i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml | 3 | B/D |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days) | 1 | QL |
| HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml | 3 | B/D |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | 3 | B/D |
| <i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml | 3 | B/D |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days) | 1 | QL |
| <i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days) | 1 | QL |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 3 | B/D |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml | 3 | |
| NALOCET TAB 2.5-300 QL (360 tabs / 30 days) | 4 | NDS QL PA |
| NUCYNTA TABS 50mg QL (180 tabs / 30 days) | 3 | QL |
| NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days) | 4 | NDS QL |
| OXAYDO TABS 5mg QL (180 tabs / 30 days) | 3 | QL |
| OXAYDO TABS 7.5mg QL (360 tabs / 30 days) | 4 | NDS QL |
| OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days) | 4 | NDS QL PA |
| OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD/APAP TAB 10-300MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| <i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days) | 1 | QL |
| <i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days) | 1 | QL |
| <i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days) | 1 | QL |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days) | 1 | QL |
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> QL (1800 mL / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>oxymorphone hcl TABS 5mg, 10mg</i> QL (180 tabs / 30 days) | 1 | QL |
| PERCOCET TAB 2.5-325 QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 5-325MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 7.5-325 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 10-325MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE SOL 10/300MG QL (900 mL / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 5-300MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 7.5-300 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 10-300MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| QDOLO SOLN 5mg/ml QL (2400 mL / 30 days) | 3 | QL PA |
| ROXICODONE TABS 15mg QL (180 tabs / 30 days) | 3 | QL |
| ROXICODONE TABS 30mg QL (180 tabs / 30 days) | 4 | NDS QL |
| ROXYBOND TABA 5mg, 15mg, 30mg QL (180 tabs / 30 days) | 4 | NDS QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days) | 3 | QL PA |
| <i>tramadol hcl SOLN 5mg/ml</i> QL (2400 mL / 30 days) | 1 | QL PA |
| <i>tramadol hcl TABS 25mg, 100mg</i> QL (120 tabs / 30 days) | 1 | QL PA |
| <i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days) | 1 | QL |
| TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days) | 3 | QL PA |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>trezix</i> QL (300 caps / 30 days) | 1 | QL |
| ANTI-INFECTIVES | | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| AEMCOLO TBEC 194mg QL (12 tabs / 30 days) | 3 | QL |
| <i>albendazole TABS 200mg</i> QL (672 tabs / year) | 4 | NDS QL PA |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i> | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 4 | NDS NM PA |
| <i>atovaquone (generic of MEPRON) SUSP 750mg/5ml</i> QL (300 mL / 30 days) | 1 | QL PA |
| AZACTAM SOLR 1gm, 2gm | 3 | |
| <i>aztreonam (generic of AZACTAM) SOLR 1gm, 2gm</i> | 1 | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| BETHKIS NEBU 300mg/4ml | 4 | NDS NM PA |
| BILTRICIDE TABS 600mg | 3 | |
| CAYSTON SOLR 75mg | 4 | NDS NM PA |
| CLEOCIN CAPS 75mg, 150mg, 300mg | 3 | |
| CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml | 3 | |
| CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | 1 | |
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 1 | |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml | 1 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 1 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 1 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg | 1 | |
| COLY-MYCIN M SOLR 150mg | 3 | |
| CUBICIN RF SOLR 500mg | 4 | NDS |
| DALVANCE SOLR 500mg | 4 | NDS |
| <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| DAPTOMY/NACL INJ 350/50ML | 3 | |
| DAPTOMY/NACL INJ 500/50ML | 3 | |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg | 4 | NDS |
| DAPTOMYCIN SOLR 350mg, 500mg | 4 | NDS |
| <i>daptomycin</i> SOLR 500mg | 4 | NDS |
| DARAPRIM TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| EMVERM CHEW 100mg QL (12 tabs / year) | 4 | NDS QL |
| <i>ertapenem sodium</i> SOLR 1gm | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days) | 3 | QL |
| FLAGYL CAPS 375mg | 3 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | 1 | |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | 1 | |
| HIPREX TABS 1gm | 3 | |
| HUMATIN CAPS 250mg | 4 | NDS |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 1 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV) | 1 | |
| IMPAVIDO CAPS 50mg | 4 | NDS PA |
| INVANZ SOLR 1gm | 3 | |
| <i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days) | 1 | QL PA |
| KIMYRSA SOLR 1200mg | 4 | NDS |
| KITABIS PAK NEBU 300mg/5ml | 4 | NDS NM PA |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml | 1 | |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL |
| <i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 3 | |
| MACROBID CAPS 100mg | 3 | |
| MACRODANTIN CAPS 25mg, 50mg, 100mg | 3 | |
| MEPRON SUSP 750mg/5ml QL (300 mL / 30 days) | 4 | NDS QL PA |
| MEROP/NACL INJ 1GM/50ML | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| MEROP/NAACL INJ 500/50ML | 3 | |
| <i>meropenem</i> SOLR 1gm, 500mg | 1 | |
| <i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm | 1 | |
| <i>metronidazole</i> (generic of FLAGYL) CAPS 375mg | 1 | |
| METRONIDAZOLE SOLN 500mg/100ml | 3 | |
| <i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml | 1 | |
| <i>metronidazole</i> TABS 250mg, 500mg | 1 | |
| NEBUPENT SOLR 300mg | 3 | B/D |
| <i>neomycin sulfate</i> TABS 500mg | 1 | |
| <i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days) | 4 | NDS QL |
| <i>nitrofurantoin</i> SUSP 25mg/5ml | 4 | NDS PA |
| NITROFURANTOIN SUSP 50mg/5ml | 4 | NDS PA |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg | 2 | |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg | 2 | |
| ORBACTIV SOLR 400mg | 4 | NDS |
| PENTAM 300 SOLR 300mg | 3 | |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg | 1 | |
| <i>polymyxin b sulfate</i> SOLR 500000unit | 1 | |
| <i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg | 1 | |
| PRIMAXIN IV INJ 500MG | 3 | |
| <i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RECARBRIO INJ 1.25GM | 4 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| SIVEXTRO SOLR 200mg; TABS 200mg | 4 | NDS |
| SOLOSEC PACK 2gm | 3 | |
| <i>streptomycin sulfate</i> SOLR 1gm | 4 | NDS |
| STROMECTOL TABS 3mg QL (12 tabs / 90 days) | 3 | QL PA |
| <i>sulfadiazine</i> TABS 500mg | 4 | NDS |
| <i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole- trimethoprim tab 400-80 mg</i> (generic of BACTRIM) | 1 | |
| <i>sulfamethoxazole- trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS) | 1 | |
| <i>tinidazole</i> TABS 250mg, 500mg | 1 | |
| TOBI NEBU 300mg/5ml | 4 | NDS NM PA |
| TOBI PODHALER CAPS 28mg | 4 | NDS NM PA |
| <i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml | 4 | NDS NM PA |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml | 4 | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | 1 | |
| <i>tobramycin sulfate</i> SOLR 1.2gm | 4 | NDS PA |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| VABOMERE INJ 2GM(1-1) | 4 | NDS |
| VANCOGIN CAPS 125mg QL (80 caps / 180 days) | 4 | NDS QL |
| VANCOGIN CAPS 250mg QL (160 caps / 180 days) | 4 | NDS QL |
| VANCOMYC/D5W INJ 1.5/300 | 3 | |
| VANCOMYC/D5W INJ 1.25/250 | 3 | |
| VANCOMYCIN SOLN 2000mg/400ml | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|--|----------------------------|--------|
| <i>vancomycin hcl</i> (generic of VANCOBIN) CAPS 125mg QL (80 caps / 180 days) | 1 | QL | ANCOBON CAPS 250mg, 500mg | 4 | NDS PA |
| <i>vancomycin hcl</i> (generic of VANCOBIN) CAPS 250mg QL (160 caps / 180 days) | 1 | QL | CANCIDAS SOLR 50mg, 70mg | 4 | NDS |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm | 1 | | CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 4 | NDS |
| <i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1 | | <i>casposfungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg | 1 | |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days) | 1 | QL | CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg | 4 | NDS PA |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 3 | | DIFLUCAN SUSR 40mg/ml; TABS 100mg | 3 | |
| VANCOMYCIN INJ 1 GM | 3 | | DIFLUCAN TABS 200mg | 4 | NDS |
| VANCOMYCIN INJ 500MG | 3 | | ERAXIS SOLR 50mg | 3 | |
| VANCOMYCIN INJ 750MG | 3 | | ERAXIS SOLR 100mg | 4 | NDS |
| VIBATIV SOLR 750mg | 4 | NDS | <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg | 1 | |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days) | 3 | QL | <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg | 1 | |
| ZEMDRI SOLN 500mg/10ml | 4 | NDS | <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml | 1 | |
| ZYVOX SOLN 200mg/100ml, 600mg/300ml | 4 | NDS | <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml | 1 | |
| ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL | <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg | 4 | NDS PA |
| ZYVOX TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL | <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 1 | |
| ANTIFUNGALS | | | <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 1 | |
| ABELCET SUSP 5mg/ml | 3 | B/D | <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg | 1 | PA |
| AMBISOME SUSR 50mg | 4 | NDS B/D | <i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml | 4 | NDS |
| <i>amphotericin b</i> SOLR 50mg | 1 | B/D | <i>ketoconazole</i> TABS 200mg | 1 | PA |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg | 4 | NDS B/D | MICAFUNGIN SOLR 50mg, 100mg | 4 | NDS |
| | | | <i>micalfungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg | 1 | |
| | | | MICAFUNGIN/NACL INJ 50MG/50ML | 4 | NDS |
| | | | MICAFUNGIN/NACL INJ 100MG/100ML | 4 | NDS |
| | | | MYCAMINE SOLR 50mg, 100mg | 4 | NDS |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| NOXAFIL PACK 300mg QL (32 packets / 30 days) | 4 | NDS QL PA |
| NOXAFIL SOLN 300mg/16.7ml | 4 | NDS |
| NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| NOXAFIL TBEC 100mg QL (93 tabs / 30 days) | 4 | NDS QL PA |
| <i>nystatin</i> TABS 500000unit | 1 | |
| <i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml | 4 | NDS |
| <i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| <i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days) | 4 | NDS QL PA |
| REZZAYO SOLR 200mg | 4 | NDS |
| SPORANOX CAPS 100mg | 3 | PA |
| SPORANOX SOLN 10mg/ml | 4 | NDS |
| <i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year | 1 | QL PA |
| TOLSURA CAPS 65mg | 4 | NDS PA |
| VFEND SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| VFEND TABS 50mg QL (480 tabs / 30 days) | 3 | QL |
| VFEND TABS 200mg QL (120 tabs / 30 days) | 3 | QL |
| VFEND IV SOLR 200mg | 3 | PA |
| VIVJOA CPPK 150mg QL (18 caps / 84 days) | 4 | NDS QL NM PA |
| VORICONAZOLE SOLR 200mg | 3 | PA |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg | 1 | PA |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| <i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days) | 1 | QL |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab</i> 1 62.5-25 mg (generic of MALARONE) | 1 | |
| <i>atovaquone-proguanil hcl tab</i> 1 250-100 mg (generic of MALARONE) | 1 | |
| <i>chloroquine phosphate</i> TABS 1 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150mg | 3 | |
| MALARONE TAB 62.5-25 | 3 | |
| MALARONE TAB 250-100 | 3 | |
| <i>mefloquine hcl</i> TABS 250mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1 | |
| QUALAQUIN CAPS 324mg | 3 | PA |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg | 1 | PA |
| ANTI-RETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml | 1 | NM |
| <i>abacavir sulfate</i> TABS 300mg | 1 | NM |
| APTIVUS CAPS 250mg | 4 | NDS NM |
| <i>atazanavir sulfate</i> CAPS 150mg | 1 | NM |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg | 1 | NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| EDURANT TABS 25mg | 4 | NDS NM |
| <i>efavirenz</i> (generic of SUSTIVA) TABS 600mg | 1 | NM |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg | 1 | NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| EMTRIVA CAPS 200mg; SOLN 10mg/ml | 3 | NM |
| EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg | 3 | NM |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg | 4 | NDS NM |
| <i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg | 4 | NDS NM |
| FUZEON SOLR 90mg | 4 | NDS NM |
| INTELENCE TABS 25mg | 3 | NM |
| INTELENCE TABS 100mg, 200mg | 4 | NDS NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 4 | NDS NM |
| ISENTRESS HD TABS 600mg | 4 | NDS NM |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg | 4 | NDS NM |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |
| NORVIR PACK 100mg; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 4 | NDS NM |
| PREZISTA SUSP 100mg/ml QL (400 mL / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 75mg QL (480 tabs / 30 days) | 3 | QL NM |
| PREZISTA TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | NM |
| REYATAZ CAPS 200mg, 300mg; PACK 50mg | 4 | NDS NM |
| <i>ritonavir</i> (generic of NORVIR) TABS 100mg | 1 | NM |
| RUKOBIA TB12 600mg | 4 | NDS NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg | 4 | NDS NM |
| SELZENTRY TABS 25mg | 3 | NM |
| SUNLENCA TBPK 300mg | 4 | NDS NM |
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg | 1 | NM |
| TIVICAY TABS 10mg | 2 | NM |
| TIVICAY TABS 25mg, 50mg | 4 | NDS NM |
| TIVICAY PD TBSO 5mg | 4 | NDS NM |
| TROGARZO SOLN 200mg/1.33ml | 4 | NDS NM |
| TYBOST TABS 150mg | 2 | NM |
| VIRACEPT TABS 250mg, 625mg | 4 | NDS NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg | 4 | NDS NM |
| ZIAGEN SOLN 20mg/ml | 3 | NM |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml | 1 | NM |
| <i>zidovudine</i> TABS 300mg | 1 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM) | 1 | NM |
| BIKTARVY TAB 30-120-15 MG | 4 | NDS NM |
| BIKTARVY TAB 50-200-25 MG | 4 | NDS NM |
| CIMDUO TAB 300-300 | 4 | NDS NM |
| COMPLERA TAB | 4 | NDS NM |
| DELSTRIGO TAB | 4 | NDS NM |
| DESCOVY TAB 120-15MG QL (30 tabs / 30 days) | 4 | NDS QL NM |
| DESCOVY TAB 200/25MG QL (30 tabs / 30 days) | 4 | NDS QL NM |
| DOVATO TAB 50-300MG | 4 | NDS NM |
| <i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA) | 4 | NDS NM |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO) | 4 | NDS NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i> (generic of SYMFI) | 4 | NDS NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days) | 4 | NDS QL NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days) | 4 | NDS QL NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days) | 4 | NDS QL NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days) | 1 | QL NM |
| EVOTAZ TAB 300-150 | 4 | NDS NM |
| GENVOYA TAB | 4 | NDS NM |
| JULUCA TAB 50-25MG | 4 | NDS NM |
| KALETRA SOL | 3 | NM |
| KALETRA TAB 100-25MG | 3 | NM |
| KALETRA TAB 200-50MG | 4 | NDS NM |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA) | 1 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA) | 1 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA) | 1 | NM |
| ODEFSEY TAB | 4 | NDS NM |
| PREZCOBIX TAB 800-150 | 4 | NDS NM |
| STRIBILD TAB | 4 | NDS NM |
| SYMFI LO TAB | 4 | NDS NM |
| SYMFI TAB | 4 | NDS NM |
| SYMTUZA TAB | 4 | NDS NM |
| TRIUMEQ PD TAB | 2 | NM |
| TRIUMEQ TAB | 4 | NDS NM |
| TRUVADA TAB 100-150 QL (30 tabs / 30 days) | 4 | NDS QL NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| TRUVADA TAB 133-200 QL (30 tabs / 30 days) | 4 | NDS QL NM |
| TRUVADA TAB 167-250 QL (30 tabs / 30 days) | 4 | NDS QL NM |
| TRUVADA TAB 200-300 QL (30 tabs / 30 days) | 4 | NDS QL NM |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine</i> CAPS 250mg | 4 | NDS |
| <i>ethambutol hcl</i> TABS 100mg, 400mg | 1 | |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| MYAMBUTOL TABS 400mg | 3 | |
| MYCOBUTIN CAPS 150mg | 4 | NDS |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| <i>pyrazinamide</i> TABS 500mg | 1 | |
| <i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg | 1 | |
| RIFADIN SOLR 600mg | 4 | NDS |
| <i>rifampin</i> CAPS 150mg, 300mg | 1 | |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 4 | NDS NM PA |
| TRECTOR TABS 250mg | 3 | |
| ANTIVIRALS | | |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| <i>acyclovir sodium</i> SOLN 50mg/ml | 1 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 4 | NDS NM ST |
| BARACLUDE TABS .5mg, 1mg | 4 | NDS NM |
| <i>cidofovir</i> SOLN 75mg/ml | 1 | |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg | 1 | NM |
| EPCLUSA PAK 150-37.5 | 4 | NDS NM PA |
| EPCLUSA PAK 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 400-100 | 4 | NDS NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | 1 | |
| <i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml | 4 | NDS B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| <i>ganciclovir sodium</i> SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 4 | NDS NM PA |
| HARVONI PAK 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 90-400MG | 4 | NDS NM PA |
| <i>lamivudine (hbv)</i> TABS 100mg | 1 | NM |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days) | 4 | NDS QL NM PA |
| MAVYRET PAK 50-20MG | 4 | NDS NM PA |
| MAVYRET TAB 100-40MG | 4 | NDS NM PA |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year) | 1 | QL |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year) | 1 | QL |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year) | 1 | QL |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days) | 2 | QL |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days) | 2 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 4 | NDS NM PA |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 4 | NDS |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days) | 4 | NDS QL PA |
| RAPIVAB SOLN 200mg/20ml | 4 | NDS |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year) | 2 | QL |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 1 | NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>rimantadine hydrochloride</i> TABS 100mg | 1 | |
| TAMIFLU CAPS 30mg QL (168 caps / year) | 3 | QL |
| TAMIFLU CAPS 45mg, 75mg QL (84 caps / year) | 3 | QL |
| TAMIFLU SUSR 6mg/ml QL (1080 mL / year) | 3 | QL |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg | 1 | |
| VALCYTE SOLR 50mg/ml; TABS 450mg | 4 | NDS |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml | 4 | NDS |
| <i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | |
| VEMLIDY TABS 25mg | 4 | NDS NM PA |
| VOSEVI TAB | 4 | NDS NM PA |
| XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days) | 3 | QL |
| CEPHALOSPORINS | | |
| AVYCAZ INJ 2-0.5GM | 4 | NDS |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | |
| CEFACTOR ER TB12 500mg | 3 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 3 | |
| CEFAZOLIN INJ 1GM/50ML | 3 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | |
| CEFEPIME/DEX INJ 1GM | 3 | |
| CEFEPIME/DEX INJ 2GM | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|--------|
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 1 | | E.E.S. GRANULES SUSR 200mg/5ml | 3 | |
| <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm | 1 | | <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 1 | |
| CEFOXITIN INJ 1GM | 3 | | ERYPED 200 SUSR 200mg/5ml | 3 | |
| CEFOXITIN INJ 2GM | 3 | | ERYPED 400 SUSR 400mg/5ml | 4 | NDS |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | | ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | | <i>erythrocin stearate</i> TABS 250mg | 1 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 1 | | <i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml | 1 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | | <i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml | 4 | NDS |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | | <i>erythromycin ethylsuccinate</i> TABS 400mg | 1 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 1 | | <i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | 1 | |
| <i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 3 | |
| FETROJA SOLR 1gm | 4 | NDS | ZITHROMAX TRI-PAK TABS 500mg | 3 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 1 | | ZITHROMAX Z-PAK TABS 250mg | 3 | |
| TEFLARO SOLR 400mg, 600mg | 4 | NDS | FLUOROQUINOLONES | | |
| ZERBAXA INJ 1.5GM | 4 | NDS | BAXDELA SOLR 300mg; TABS 450mg | 4 | NDS |
| ERYTHROMYCINS/MACROLIDES | | | CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |
| <i>azithromycin</i> PACK 1gm; TABS 600mg | 1 | | <i>ciprofloxacin 200 mg/100ml in</i> <i>d5w</i> | 1 | |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 1 | | <i>ciprofloxacin 400 mg/200ml in</i> <i>d5w</i> | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | | | |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg | 1 | | | | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 4 | NDS | | | |
| e.e.s. 400 TABS 400mg | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|---|-----------------------------------|
| <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | 1 | <i>amoxicillin & k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN) | 1 |
| <i>ciprofloxacin hcl</i> TABS 750mg | 1 | <i>amoxicillin & k clavulanate tab</i> 875-125 mg | 1 |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | <i>amoxicillin & k clavulanate tab</i> er 12hr 1000-62.5 mg | 1 |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml | 1 | <i>ampicillin</i> CAPS 500mg | 1 |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml | 1 | <i>ampicillin & sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN) | 1 |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml | 1 | <i>ampicillin & sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN) | 1 |
| <i>moxifloxacin hcl</i> TABS 400mg | 1 | <i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm | 1 |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj | 1 | <i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm | 1 |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | <i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK) | 1 |
| PENICILLINS | | <i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg | 1 |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg | 1 | AUGMENTIN SUS 125/5ML | 3 |
| AMOXICILLIN SUSR 400mg/5ml | 3 | AUGMENTIN SUS ES-600 | 3 |
| <i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml | 1 | AUGMENTIN TAB 500MG | 3 |
| <i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg | 1 | BICILLIN C-R INJ 900/300 | 3 |
| <i>amoxicillin & k clavulanate chew tab</i> 400-57 mg | 1 | BICILLIN C-R INJ 1200000 | 3 |
| <i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml | 1 | BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 3 |
| <i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml | 1 | <i>dicloxacillin sodium</i> CAPS 250mg, 500mg | 1 |
| <i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml | 1 | NAFCILLIN INJ 1GM/50ML | 4 NDS |
| <i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600) | 1 | NAFCILLIN INJ 2GM/100 | 4 NDS |
| <i>amoxicillin & k clavulanate tab</i> 250-125 mg | 1 | <i>nafcillin sodium</i> SOLR 1gm, 2gm | 1 |
| | | <i>nafcillin sodium</i> SOLR 10gm | 4 NDS |
| | | OXACILLIN INJ 1GM | 3 |
| | | OXACILLIN INJ 2GM | 3 |
| | | <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm | 1 |
| | | PEN GK/DEXTR INJ 20000/ML | 3 |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| PEN GK/DEXTR INJ 40000/ML | 3 | |
| PEN GK/DEXTR INJ 60000/ML | 3 | |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit | 1 | |
| <i>penicillin g sodium</i> SOLR 5000000unit | 1 | |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| <i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit | 1 | |
| <i>piperacillin sod-tazobactam na</i> <i>for inj 3.375 gm (3-0.375 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam</i> <i>sod for inj 2.25 gm (2-0.25</i> <i>gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam</i> <i>sod for inj 4.5 gm (4-0.5 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam</i> <i>sod for inj 13.5 gm (12-1.5</i> <i>gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam</i> <i>sod for inj 40.5 gm (36-4.5</i> <i>gm)</i> | 1 | |
| UNASYN INJ 1.5GM | 3 | |
| UNASYN INJ 3GM | 3 | |
| UNASYN INJ 15GM | 3 | |
| ZOSYN SOL 2-0.25GM | 3 | |
| ZOSYN SOL 3-0.375G | 3 | |
| ZOSYN SOL 4-0.50GM | 3 | |
| TETRACYCLINES | | |
| <i>demeclocycline hcl</i> TABS 150mg, 300mg | 1 | |
| DORYX MPC TBEC 60mg | 3 | PA |
| <i>doxy 100</i> SOLR 100mg | 1 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| <i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg | 1 | PA |
| <i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------|
| <i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg | 1 | |
| <i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg | 1 | PA |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg | 1 | |
| <i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg | 1 | PA |
| NUZYRA SOLR 100mg | 4 | NDS NM |
| NUZYRA TABS 150mg QL (30 tabs / 14 days) | 4 | NDS QL NM |
| SEYSARA TABS 60mg, 100mg, 150mg | 4 | NDS PA |
| <i>targadox</i> TABS 50mg | 1 | PA |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | 1 | |
| TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg | 4 | NDS PA |
| TIGECYCLINE SOLR 50mg | 4 | NDS |
| <i>tigecycline</i> (generic of TYGACIL) SOLR 50mg | 4 | NDS |
| TYGACIL SOLR 50mg | 4 | NDS |
| XERAVAL SOLR 50mg, 100mg | 3 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| <i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg | 4 | NDS B/D NM |
| BENDEKA SOLN 100mg/4ml | 4 | NDS B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | B/D |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 4 | NDS B/D |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------|
| <i>cyclophosphamide</i> SOLR 2gm | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | NDS B/D |
| GLEOSTINE CAPS 10mg, 40mg | 3 | NM |
| GLEOSTINE CAPS 100mg | 4 | NDS NM |
| IFEX SOLR 3gm | 3 | B/D |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| LEUKERAN TABS 2mg | 4 | NDS |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg | 1 | B/D |
| <i>oxaliplatin</i> SOLR 100mg | 4 | NDS B/D |
| TREANDA SOLR 25mg, 100mg | 4 | NDS B/D NM |
| ZEPZELCA SOLR 4mg | 4 | NDS NM PA |
| ANTIMETABOLITES | | |
| ALIMTA SOLR 100mg, 500mg | 4 | NDS B/D |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg | 4 | NDS B/D NM |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml | 1 | B/D |
| <i>decitabine</i> SOLR 50mg | 4 | NDS B/D NM |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg | 1 | B/D |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml | 3 | B/D |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days) | 4 | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days) | 4 | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days) | 4 | NDS QL NM PA |
| <i>mercaptopurine</i> TABS 50mg | 1 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D |
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days) | 4 | NDS QL NM PA |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg | 4 | NDS B/D |
| <i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg | 4 | NDS B/D |
| <i>pemetrexed disodium</i> SOLR 750mg, 1000mg | 4 | NDS B/D |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml | 4 | NDS B/D |
| <i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| PURIXAN SUSP 2000mg/100ml | 4 | NDS NM |
| TABLOID TABS 40mg | 4 | NDS |
| VIDAZA SUSR 100mg | 4 | NDS B/D NM |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AKEEGA TAB 50/500MG QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | 1 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| ARIMIDEX TABS 1mg | 4 | NDS |
| AROMASIN TABS 25mg | 4 | NDS |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | |
| CASODEX TABS 50mg | 4 | NDS |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 2 | NM PA |
| ERLEADA TABS 60mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| EULEXIN CAPS 125mg | 4 | NDS |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg | 1 | |
| FARESTON TABS 60mg | 4 | NDS PA |
| FASLODEX SOSY 250mg/5ml | 4 | NDS B/D |
| FEMARA TABS 2.5mg | 3 | |
| FIRMAGON SOLR 80mg | 3 | NM PA |
| FIRMAGON SOLR 120mg/vial | 4 | NDS NM PA |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml | 4 | NDS B/D |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | 1 | |
| LEUPROLIDE ACETATE INJ 22.5mg | 3 | NM PA |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | 1 | NM PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg | 4 | NDS NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 4 | NDS NM PA |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 4 | NDS NM PA |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 4 | NDS NM PA |
| LYSODREN TABS 500mg | 4 | NDS NM |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 2 | |
| NILANDRON TABS 150mg | 4 | NDS |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg | 4 | NDS |
| NUBEQA TABS 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ORGOVYX TABS 120mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| ORSERDU TABS 86mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ORSERDU TABS 345mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml | 4 | NDS |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 1 | |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | 1 | PA |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 2 | NM PA |
| XTANDI CAPS 40mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 40mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| YONSA TABS 125mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg | 3 | NM PA |
| ZYTIGA TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZYTIGA TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 50mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 100mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| MISCELLANEOUS | | |
| ASPARLAS SOLN 3750unit/5ml | 4 | NDS NM PA |
| BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit | 1 | B/D |
| <i>dacarbazine</i> SOLR 100mg | 1 | B/D |
| DOXIL INJ 2mg/ml | 4 | NDS B/D |
| <i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml | 1 | B/D |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml | 4 | NDS B/D |
| ELLECE SOLN 50mg/25ml, 200mg/100ml | 3 | B/D |
| HYDREA CAPS 500mg | 3 | |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg | 1 | |
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D |
| <i>irinotecan hcl</i> SOLN 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| MATULANE CAPS 50mg | 4 | NDS NM |
| <i>mitomycin</i> SOLR 5mg | 1 | B/D |
| <i>mitomycin</i> SOLR 20mg, 40mg | 4 | NDS B/D |
| <i>mitoxantrone hcl</i> CONC 2mg/ml | 1 | B/D NM |
| NIPENT SOLR 10mg | 4 | NDS B/D |
| ONCASPAR SOLN 750unit/ml | 4 | NDS NM PA |
| ONIVYDE INJ 43mg/10ml | 4 | NDS B/D NM |
| RYLAZE SOLN 10mg/0.5ml | 4 | NDS NM PA |
| SYLVANT SOLR 100mg, 400mg | 4 | NDS NM PA |
| TARGRETIN CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| TOPOTECAN HCL SOLN 4mg/4ml | 3 | B/D |
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml | 1 | B/D |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg | 4 | NDS B/D |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 4 | NDS |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml | 4 | NDS B/D NM |
| VALSTAR SOLN 40mg/ml | 4 | NDS B/D NM |
| WELIREG TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| MITOTIC INHIBITORS | | |
| ABRAXANE INJ 100MG | 4 | NDS B/D NM |
| DOCETAXEL CONC 20mg/ml | 3 | B/D |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml | 1 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D |
| <i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml | 4 | NDS B/D NM |
| ETOPOPHOS SOLR 100mg | 3 | B/D |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| HALAVEN SOLN 1mg/2ml | 4 | NDS B/D NM |
| IXEMPRA KIT SOLR 15mg, 45mg | 4 | NDS B/D NM |
| JEVTANA SOLN 60mg/1.5ml | 4 | NDS NM PA |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| PACLITAXEL INJ 100MG | 4 | NDS B/D NM |
| <i>vinblastine sulfate</i> SOLN 1mg/ml | 1 | B/D |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 1 | B/D |
| MOLECULAR TARGET AGENTS | | |
| AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ALECENSA CAPS 150mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ALYMSYS SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| ARZERRA CONC 100mg/5ml, 1000mg/50ml | 4 | NDS B/D NM |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| BAVENCIO SOLN 200mg/10ml | 4 | NDS NM PA |
| BELEODAQ SOLR 500mg | 4 | NDS NM PA |
| BESPONSA SOLR .9mg | 4 | NDS NM PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 3 | NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg | 4 | NDS NM PA |
| BOSULIF CAPS 50mg QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF CAPS 100mg QL (150 caps / 25 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA CAPS 80mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CALQUENCE CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| CALQUENCE TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml | 4 | NDS NM PA |
| COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 100MG QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 140MG QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COTELLIC TABS 20mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS NM PA |
| DARZALEX SOL FASPRO | 4 | NDS NM PA |
| DAURISMO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| DAURISMO TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| EMPLICITI SOLR 300mg, 400mg | 4 | NDS NM PA |
| ENHERTU SOLR 100mg | 4 | NDS NM PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml | 4 | NDS NM PA |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | NDS B/D NM |
| ERIVEDGE CAPS 150mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 1mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 5mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FYARRO SUSR 100mg | 4 | NDS NM PA |
| GAVRETO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| GAZYVA SOLN 1000mg/40ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| HERCEP HYLEC SOL 60- 10000 | 4 | NDS NM PA |
| HERCEPTIN SOLR 150mg | 4 | NDS NM PA |
| HERZUMA SOLR 150mg, 420mg | 4 | NDS NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA CAPS 140mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days) | 4 | NDS QL NM PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IMDELLTRA SOLR 1mg, 10mg | 4 | NDS NM PA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 4 | NDS NM PA |
| IMJUDO SOLN 25mg/1.25ml, 300mg/15ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|--|----------------------------|-----------------|
| INLYTA TABS 1mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA | <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| INREBIC CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| IRESSA TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | LENVIMA CAP 14 MG QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| JEMPERLI SOLN 500mg/10ml | 4 | NDS NM PA | LENVIMA CAP 18 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| KADCYLA SOLR 100mg, 160mg | 4 | NDS B/D NM | LENVIMA CAP 24 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| KANJINTI SOLR 150mg, 420mg | 4 | NDS NM PA | LIBTAYO SOLN 350mg/7ml | 4 | NDS NM PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | NDS NM PA | LOQTORZI SOLN 240mg/6ml | 4 | NDS NM PA |
| KIMMTRAK SOLN 100mcg/0.5ml | 4 | NDS NM PA | LORBRENA TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA | LORBRENA TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| KISQALI 200 PAK FEMARA QL (49 tabs / 28 days) | 4 | NDS QL NM PA | LUMAKRAS TABS 120mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days) | 4 | NDS QL NM PA | LUMAKRAS TABS 320mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| KISQALI 400 PAK FEMARA QL (70 tabs / 28 days) | 4 | NDS QL NM PA | LUNSUMIO SOLN 1mg/ml, 30mg/30ml | 4 | NDS NM PA |
| KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA | LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| KISQALI 600 PAK FEMARA QL (91 tabs / 28 days) | 4 | NDS QL NM PA | LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 10mg QL (240 caps / 30 days) | 4 | NDS QL NM PA | LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | | | |
| KRAZATI TABS 200mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA | | | |
| KYPROLIS SOLR 10mg, 30mg, 60mg | 4 | NDS NM PA | | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| MARGENZA SOLN 250mg/10ml | 4 | NDS NM PA |
| MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days) | 4 | NDS QL NM PA |
| MEKINIST TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| MEKINIST TABS .5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| MEKTOVI TABS 15mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| MONJUVI SOLR 200mg | 4 | NDS NM PA |
| MVASI SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| MYLOTARG SOLR 4.5mg | 4 | NDS NM PA |
| NERLYNX TABS 40mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXAVAR TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days) | 4 | NDS QL NM PA |
| ODOMZO CAPS 200mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| OGIVRI SOLR 150mg, 420mg | 4 | NDS NM PA |
| OGSIVEO TABS 50mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| OJEMDA SUSR 25mg/ml QL (96 mL / 28 days) | 4 | NDS QL NM PA |
| OJEMDA TABS 100mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ONTRUZANT SOLR 150mg, 420mg | 4 | NDS NM PA |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 4 | NDS NM PA |
| OPDUALAG SOL | 4 | NDS NM PA |
| PADCEV SOLR 20mg, 30mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PERJETA SOLN 420mg/14ml | 4 | NDS NM PA |
| PHESGO SOL | 4 | NDS NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| POLIVY SOLR 30mg, 140mg | 4 | NDS NM PA |
| POTELIGEO SOLN 20mg/5ml | 4 | NDS NM PA |
| QINLOCK TABS 50mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO CAPS 40mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| RETEVMO CAPS 80mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| REZLIDHIA CAPS 150mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| RIABNI SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| RITUXAN SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| RITUXAN INJ HYCELA | 4 | NDS NM PA |
| ROZLYTREK CAPS 100mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK PACK 50mg QL (336 packets / 28 days) | 4 | NDS QL NM PA |
| RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| RYBREVANT SOLN 350mg/7ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| RYDAPT CAPS 25mg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 4 | NDS NM PA |
| SCSEMBLIX TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| SCSEMBLIX TABS 40mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| SCSEMBLIX TABS 100mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| STIVARGA TABS 40mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| <i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TAFINLAR TBSO 10mg QL (900 tabs / 30 days) | 4 | NDS QL NM PA |
| TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .25mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| TAZVERIK TABS 200mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | NDS NM PA |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 4 | NDS NM PA |
| <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml | 4 | NDS B/D NM |
| TEPMETKO TABS 225mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TIBSOVO TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TIVDAK SOLR 40mg | 4 | NDS NM PA |
| TORISEL SOLN 25mg/ml | 4 | NDS B/D NM |
| TRAZIMERA SOLR 150mg, 420mg | 4 | NDS NM PA |
| TRODELVY SOLR 180mg | 4 | NDS NM PA |
| TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days) | 4 | NDS QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TURALIO CAPS 125mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TYKERB TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS B/D NM |
| VEGZELMA SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| VELCADE SOLR 3.5mg | 4 | NDS NM PA |
| VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | 2 | QL NM PA |
| VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VENCLEXTA TAB START PK QL (42 tabs / 28 days) | 4 | NDS QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| VITRAKVI CAPS 25mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VONJO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| VOTRIENT TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XALKORI CPSP 20mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| XALKORI CPSP 150mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| XOSPATA TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml | 4 | NDS NM PA |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ZELBORAF TABS 240mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| ZOLINZA CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ZYKADIA TABS 150mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| ZYNLONTA SOLR 10mg | 4 | NDS NM PA |
| ZYNYZ SOLN 500mg/20ml | 4 | NDS NM PA |
| PROTECTIVE AGENTS | | |
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg | 4 | NDS B/D |
| ELITEK SOLR 1.5mg, 7.5mg | 4 | NDS B/D |
| KHAPZORY SOLR 175mg <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4 | NDS B/D NM |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| <i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg | 1 | B/D NM |
| MESNEX TABS 400mg | 4 | NDS |
| CARDIOVASCULAR ACE INHIBITOR COMBINATIONS | | |
| ACCURETIC TAB 10-12.5 | 3 | |
| ACCURETIC TAB 20-12.5 | 3 | |
| <i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT) | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT) | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT) | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC) | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC) | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC) | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC) | 1 | |
| LOTREL CAP 5-10MG QL (30 caps / 30 days) | 3 | QL |
| LOTREL CAP 5-20MG QL (30 caps / 30 days) | 3 | QL |
| LOTREL CAP 10-20MG QL (30 caps / 30 days) | 3 | QL |
| LOTREL CAP 10-40MG QL (30 caps / 30 days) | 3 | QL |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC) | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC) | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZESTORETIC TAB 10-12.5 | 3 | |
| ZESTORETIC TAB 20-12.5 | 3 | |
| ZESTORETIC TAB 20-25MG | 3 | |
| ACE INHIBITORS | | |
| ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg | 3 | |
| <i>benazepril hcl</i> TABS 5mg | 1 | |
| <i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg | 1 | |
| <i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml | 1 | |
| <i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg | 1 | |
| EPANED SOLN 1mg/ml | 4 | NDS |
| <i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg | 1 | |
| <i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| LOTENSIN TABS 10mg, 20mg, 40mg | 3 | |
| <i>moexipril hcl</i> TABS 7.5mg, 15mg | 1 | |
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg | 1 | |
| QBRELIS SOLN 1mg/ml | 4 | NDS |
| <i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| <i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg | 1 | |
| VASOTEC TABS 2.5mg, 5mg, 10mg | 3 | |
| VASOTEC TABS 20mg | 4 | NDS |
| ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 3 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| ALDACTONE TABS 25mg, 50mg, 100mg | 3 | |
| CAROSPIR SUSP 25mg/5ml | 3 | |
| <i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg | 1 | |
| INSPRA TABS 25mg, 50mg | 3 | |
| KERENDIA TABS 10mg, 20mg | 2 | QL |
| QL (30 tabs / 30 days) | | |
| <i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | 1 | |
| ALPHA BLOCKERS | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | 1 | |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) | 1 | QL |
| QL (30 tabs / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 10-20MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 10-40MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT) QL (60 tabs / 30 days) | 1 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days) | 1 | QL |
| ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days) | 3 | QL | <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days) | 1 | QL |
| ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days) | 3 | QL | DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days) | 3 | QL |
| ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days) | 3 | QL | DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days) | 3 | QL |
| AVALIDE TAB 150-12.5 QL (60 tabs / 30 days) | 3 | QL | DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days) | 3 | QL |
| AVALIDE TAB 300-12.5 QL (30 tabs / 30 days) | 3 | QL | DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 5-20MG QL (30 tabs / 30 days) | 3 | QL | DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 5-40MG QL (30 tabs / 30 days) | 3 | QL | EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days) | 3 | QL ST |
| | | | EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days) | 3 | QL ST |
| | | | ENTRESTO TAB 24-26MG QL (60 tabs / 30 days) | 2 | QL |
| | | | ENTRESTO TAB 49-51MG QL (60 tabs / 30 days) | 2 | QL |
| | | | ENTRESTO TAB 97-103MG QL (60 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| EXFORGE HCT TAB 5-160-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 5-160-25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160-25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-320-25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-160MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-320MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-160MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-320MG QL (30 tabs / 30 days) | 3 | QL |
| HYZAAR TAB 50-12.5 | 3 | |
| HYZAAR TAB 100-12.5 | 3 | |
| HYZAAR TAB 100-25 | 3 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days) | 1 | QL |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days) | 1 | QL |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR) | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR) | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR) | 1 | |
| MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days) | 3 | QL |
| MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days) | 3 | QL |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days) | 3 | QL |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | 3 | QL |
| ATACAND TABS 32mg QL (30 tabs / 30 days) | 3 | QL |
| AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days) | 3 | QL |
| BENICAR TABS 5mg QL (60 tabs / 30 days) | 3 | QL |
| BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | 1 | QL |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days) | 1 | QL |
| COZAAR TABS 25mg, 50mg, 100mg | 3 | |
| DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | 3 | QL |
| DIOVAN TABS 320mg QL (30 tabs / 30 days) | 3 | QL |
| EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL |
| <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg | 1 | |
| MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan</i> SOLN 4mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | 1 | QL |
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days) | 1 | QL |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | |
| BETAPACE TABS 80mg, 120mg, 160mg | 4 | NDS |
| BETAPACE AF TABS 80mg | 3 | |
| BETAPACE AF TABS 120mg, 160mg | 4 | NDS |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg | 3 | |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | 1 | NM |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg QL (60 tabs / 30 days) | 3 | QL |
| NORPACE CAPS 100mg, 150mg | 3 | |
| NORPACE CR CP12 100mg, 150mg | 3 | |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg | 1 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg | 1 | |
| <i>sotalol hcl</i> TABS 240mg | 1 | |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1 | |
| SOTYLIZE SOLN 5mg/ml | 3 | |
| TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | NM |
| ANTILIPEMICS, FIBRATES | | |
| <i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg | 1 | |
| <i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>fenofibrate</i> TABS 40mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg | 1 | |
| <i>fenofibrate</i> TABS 54mg, 160mg | 1 | |
| <i>fenofibrate</i> TABS 120mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg | 1 | |
| <i>fenofibrate micronized</i> CAPS 130mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days) | 1 | QL PA |
| FENOGLIDE TABS 40mg QL (60 tabs / 30 days) | 3 | QL PA |
| FENOGLIDE TABS 120mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| FIBRICOR TABS 35mg QL (60 tabs / 30 days) | 3 | QL PA |
| FIBRICOR TABS 105mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg | 1 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| LIPOFEN CAPS 50mg QL (60 caps / 30 days) | 3 | QL PA |
| LIPOFEN CAPS 150mg QL (30 caps / 30 days) | 3 | QL PA |
| LOPID TABS 600mg | 3 | |
| TRICOR TABS 48mg, 145mg | 3 | |
| TRILIPIX CPDR 45mg, 135mg | 3 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days) | 4 | NDS QL ST |
| ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days) | 3 | QL ST |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days) | 3 | QL ST |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days) | 3 | QL ST |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days) | 1 | QL ST |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days) | 1 | QL ST |
| LESCOL XL TB24 80mg QL (30 tabs / 30 days) | 3 | QL ST |
| LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 3 | QL |
| LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| <i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days) | 3 | QL ST |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | 1 | |
| <i>cholestyramine light</i> PACK 4gm | 1 | |
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg | 1 | |
| COLESTID GRAN 5gm; TABS 1gm | 3 | |
| <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm | 1 | |
| <i>colestipol hcl</i> PACK 5gm | 1 | |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml | 4 | NDS NM PA |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg | 1 | |
| <i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg | 4 | NDS NM PA |
| LOVAZA CAP 1GM | 3 | PA |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | 2 | QL |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | 2 | QL |
| <i>niacin (antihyperlipidemic)</i> TABS 500mg | 1 | PA |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | 1 | QL |
| <i>niacor</i> TABS 500mg | 1 | PA |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) | 1 | PA |
| <i>prevalite</i> PACK 4gm | 1 | |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| REPATHA SOSY 140mg/ml | 2 | NM PA |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | 2 | NM PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 2 | NM PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| VYTORIN TAB 10-10MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-20MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-40MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-80MG QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| WELCHOL PACK 3.75gm; TABS 625mg | 3 | |
| ZETIA TABS 10mg | 3 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50) | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100) | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| TENORETIC TAB 50 | 3 | |
| TENORETIC TAB 100 | 3 | |
| ZIAC TAB 2.5/6.25 | 3 | |
| ZIAC TAB 5-6.25MG | 3 | |
| ZIAC TAB 10/6.25 | 3 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | 1 | |
| <i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg | 1 | |
| <i>betaxolol hcl</i> TABS 10mg, 20mg | 1 | |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| BYSTOLIC TABS 20mg QL (60 tabs / 30 days) | 3 | QL |
| <i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| <i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 1 | QL |
| COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 3 | |
| COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 3 | QL |
| INDERAL LA CP24 60mg, 80mg, 120mg, 160mg | 4 | NDS |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg | 3 | |
| <i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg | 1 | |
| LABELALOL HYDROCHLORIDE SOSY 10mg/2ml | 3 | |
| LOPRESSOR TABS 50mg, 100mg | 3 | |
| <i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg | 1 | |
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| <i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg | 1 | |
| <i>nadolol</i> TABS 80mg | 1 | |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| <i>pindolol</i> TABS 5mg, 10mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | 1 | |
| <i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| TENORMIN TABS 25mg, 50mg, 100mg | 3 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 1 | |
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg | 1 | |
| <i>amlodipine besylate</i> TABS 10mg | 1 | |
| CARDIZEM TABS 30mg, 60mg, 120mg | 3 | |
| CARDIZEM CD CP24 120mg | 3 | |
| CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg | 4 | NDS |
| CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| <i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 1 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| <i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 1 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 1 | |
| KATERZIA SUSP 1mg/ml | 3 | |
| <i>levamlodipine maleate</i> TABS 2.5mg, 5mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 1 | |
| NICARDIPINE SOL 20/200ML | 3 | |
| NICARDIPINE SOL 40/200ML | 3 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg | 1 | |
| <i>nimodipine</i> CAPS 30mg | 1 | |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg | 1 | |
| <i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg | 1 | |
| NORLIQVA SOLN 1mg/ml | 3 | |
| NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| NYMALIZE SOLN 6mg/ml | 4 | NDS |
| PROCARDIA XL TB24 30mg, 60mg, 90mg | 3 | |
| SULAR TB24 8.5mg, 17mg, 34mg | 3 | |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg | 1 | |
| VERELAN CP24 120mg, 180mg, 240mg, 360mg | 3 | |
| VERELAN PM CP24 100mg, 200mg, 300mg | 3 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 1 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 1 | |
| <i>amiloride hcl</i> TABS 5mg | 1 | |
| <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg | 1 | |
| <i>bumetanide</i> (generic of BUMEX) TABS .5mg | 1 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 1 | |
| <i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| DIURIL SUSP 250mg/5ml | 3 | |
| DYRENIUM CAPS 50mg, 100mg | 3 | |
| EDECIN TABS 25mg | 4 | NDS |
| <i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg | 1 | |
| FUROSCIX CTKT 80mg/10ml | 4 | NDS |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml | 1 | |
| <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg | 1 | |
| <i>furosemide inj</i> SOLN 10mg/ml | 1 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| KEVEYIS TABS 50mg | 4 | NDS NM PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| LASIX TABS 20mg, 40mg, 80mg | 3 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 1 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>ormalvi</i> (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| SOAANZ TABS 20mg, 40mg, 60mg | 3 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| THALITONE TABS 15mg | 3 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| <i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg | 1 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 1 | |
| MISCELLANEOUS | | |
| ADRENALIN SOLN 1mg/ml | 3 | |
| <i>aliskiren fumarate</i> (generic of TEKTRINA) TABS 150mg, 300mg | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET) | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET) | 1 | |
| ASPRUZYO SPRINKLE PACK 500mg, 1000mg | 3 | PA |
| BIDIL TAB | 3 | |
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |
| CADUET TAB 10-80MG | 3 | |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | 1 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | 1 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | 1 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg | 1 | |
| CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days) | 2 | QL |
| DEMSER CAPS 250mg | 4 | NDS NM PA |
| DIBENZYLINE CAPS 10mg | 4 | NDS PA |
| <i>digoxin</i> SOLN .05mg/ml | 1 | |
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg | 1 | |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days) | 1 | QL |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | 1 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older | 2 | PA |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days) | 3 | QL |
| <i>isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL) | 1 | |
| LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |
| LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days) | 3 | QL |
| LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| LODOCO TABS .5mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>metirosine</i> (generic of DEMSER) CAPS 250mg | 4 | NDS NM PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| NEXICLON XR TB24 .17mg | 3 | |
| NORTHERA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| <i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg | 4 | NDS PA |
| <i>ranolazine</i> TB12 500mg, 1000mg | 1 | |
| TEKTURNA TABS 150mg, 300mg | 3 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL PA |
| VYNDAMAX CAPS 61mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| VYNDAQEL CAPS 20mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| NITRATES | | |
| ISORDIL TITRADOSE TABS 5mg | 3 | |
| ISORDIL TITRADOSE TABS 40mg | 4 | NDS PA |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg | 1 | |
| <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg | 1 | |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg | 1 | PA |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |
| NITRO-BID OINT 2% | 2 | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 4 | NDS |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | |
| <i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1 | |
| NITROLINGUAL SOLN .4mg/spray | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADCIRCA TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| FLOLAN SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSUMIT TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSYNVI TAB 10-20MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSYNVI TAB 10-40MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 4 | NDS NM PA |
| ORENITRAM TBCR .125mg | 3 | NM PA |
| ORENITRAM TAB MONTH 1 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 2 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 3 | 4 | NDS NM PA |
| REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| REVATIO SOLN 10mg/12.5ml | 4 | NDS NM PA |
| REVATIO SUSR 10mg/ml QL (784 mL / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| REVATIO TABS 20mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml | 4 | NDS NM PA |
| <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml QL (784 mL / 30 days) | 4 | NDS QL NM PA |
| <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | 1 | QL NM PA |
| <i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| TYVASO SOLN .6mg/ml | 4 | NDS NM PA |
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI SOLR 1800mcg | 4 | NDS NM PA |
| UPTRAVI TABS 200mcg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| VELETRI SOLR .5mg, 1.5mg | 4 | NDS B/D NM |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 45MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 60MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| CENTRAL NERVOUS SYSTEM ANTI-ANXIETY | | |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days) | 1 | QL |
| ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days) | 3 | QL |
| ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | |
| ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 4 | NDS QL |
| <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| <i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days) | 1 | QL |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | 1 | |
| <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |
| LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 3 | QL |
| XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| ANTIDEMENTIA | | |
| ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days) | 3 | QL PA |
| ARICEPT TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| ARICEPT TABS 10mg, 23mg | 3 | |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg | 1 | |
| <i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>donepezil hydrochloride</i> TBDP 10mg | 1 | |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days) | 3 | QL |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days) | 1 | QL |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days) | 1 | QL |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days) | 1 | QL |
| <i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger | 1 | PA |
| <i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger | 1 | PA |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger | 1 | PA |
| NAMENDA TAB 5-10MG PA applies if 29 years and younger | 3 | PA |
| NAMENDA XR CP24 14mg, 21mg, 28mg PA applies if 29 years and younger | 3 | PA |
| NAMZARIC CAP 7-10MG | 3 | |
| NAMZARIC CAP 14-10MG | 3 | |
| NAMZARIC CAP 21-10MG | 3 | |
| NAMZARIC CAP 28-10MG | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| NAMZARIC CAP PACK | 3 | |
| <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days) | 1 | QL |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days) | 1 | QL |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 2 | |
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 4 | NDS PA |
| APLENZIN TB24 174mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| AUVELITY TAB 45-105MG QL (60 tabs / 30 days) | 3 | QL PA |
| <i>bupropion hcl</i> TABS 75mg, 100mg | 1 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days) | 1 | QL |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days) | 1 | QL |
| <i>bupropion hcl</i> TB24 450mg QL (30 tabs / 30 days) | 1 | QL PA |
| CELEXA TABS 10mg, 20mg, 40mg | 3 | |
| CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days) | 3 | QL PA |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|--------|
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg | 1 | | FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days) | 3 | QL PA |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | 3 | PA | FETZIMA CAP TITRATIO QL (2 packs / year) | 3 | QL PA |
| CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days) | 3 | QL | <i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg | 1 | |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg | 3 | | <i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days) | 1 | QL |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg | 3 | | <i>fluoxetine hcl</i> SOLN 20mg/5ml | 1 | |
| DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL | <i>fluoxetine hcl</i> TABS 10mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL | <i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 2 | | <i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days) | 1 | QL PA |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days) | 3 | QL PA | <i>fluoxetine hcl (pmd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM) | 1 | QL PA |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days) | 1 | QL | <i>fluoxetine hcl (pmd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM) | 1 | QL PA |
| <i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days) | 1 | QL | FLUOXETINE HYDROCHLORIDE TABS 60mg QL (30 tabs / 30 days) | 3 | QL PA |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg | 3 | | <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 1 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days) | 4 | NDS QL PA | <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg | 3 | |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml | 1 | | LEXAPRO TABS 5mg, 10mg, 20mg | 3 | |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | 1 | | MARPLAN TABS 10mg QL (180 tabs / 30 days) | 3 | QL |
| FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days) | 3 | QL PA | <i>mirtazapine</i> TABS 7.5mg, 45mg | 1 | |
| | | | <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|-----------|
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg | 1 | | <i>perphenazine-amitriptyline tab</i> 4-25 mg | 2 | PA |
| NARDIL TABS 15mg | 3 | | PA applies if 70 years and older | | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | | <i>perphenazine-amitriptyline tab</i> 4-50 mg | 2 | PA |
| NORPRAMIN TABS 10mg, 25mg | 3 | | PA applies if 70 years and older | | |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | 1 | | <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg | 1 | |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | 3 | | PRISTIQ TB24 25mg, 50mg, 100mg | 3 | QL |
| PAMELOR CAPS 10mg, 25mg, 50mg, 75mg | 4 | NDS | QL (30 tabs / 30 days) | | |
| PARNATE TABS 10mg | 4 | NDS | <i>protriptyline hcl</i> TABS 5mg, 10mg | 3 | |
| <i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days) | 3 | QL PA | PROZAC CAPS 10mg, 20mg, 40mg | 3 | |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg | 1 | | REMERON TABS 15mg, 30mg | 3 | |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) | 3 | QL | REMERON SOLTAB TBP 15mg, 30mg, 45mg | 3 | |
| PAXIL SUSP 10mg/5ml QL (900 mL / 30 days) | 3 | QL PA | <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| PAXIL TABS 10mg, 20mg, 30mg, 40mg | 3 | | SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days) | 3 | QL PA |
| PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) | 3 | QL | SPRAVATO SOL 56MG DOS | 4 | NDS NM PA |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older | 2 | PA | SPRAVATO SOL 84MG DOS | 4 | NDS NM PA |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older | 2 | PA | <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg | 1 | |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older | 2 | PA | <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| | | | <i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) | 3 | QL |
| | | | <i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) | 3 | QL |
| | | | TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days) | 3 | QL PA |
| | | | VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | 1 | |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg | 1 | |
| <i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days) | 1 | QL PA |
| VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 3 | QL PA |
| WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 3 | |
| ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days) | 4 | NDS QL NM PA |
| ZURZUVAE CAPS 30mg QL (14 caps / 14 days) | 4 | NDS QL NM PA |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg | 1 | |
| APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days) | 4 | NDS QL NM PA |
| <i>apomorphine hydrochloride</i> SOCT 30mg/3ml QL (20 cartridges / 30 days) | 4 | NDS QL NM PA |
| AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days) | 4 | NDS QL |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------|
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older | 1 | PA |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg | 1 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 1 | |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg | 1 | |
| <i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET) | 1 | |
| <i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET) | 1 | |
| <i>carbidopa & levodopa tab 25- 250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i> | 1 | |
| COMTAN TABS 200mg | 3 | |
| DHIVY TAB 25-100MG | 3 | |
| DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg | 4 | NDS B/D NM |
| | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| LODOSYN TABS 25mg | 4 | NDS |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 3 | PA |
| NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days) | 3 | QL PA |
| PARLODEL CAPS 5mg; TABS 2.5mg | 3 | |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg | 1 | |
| <i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg | 1 | |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days) | 1 | QL |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 1 | |
| RYTARY CAP 95MG | 3 | ST |
| RYTARY CAP 145MG | 3 | ST |
| RYTARY CAP 195MG | 3 | ST |
| RYTARY CAP 245MG | 3 | ST |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 1 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| STALEVO 50 TAB | 3 | |
| STALEVO 75 TAB | 3 | |
| STALEVO 100 TAB | 3 | |
| STALEVO 125 TAB | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| STALEVO 150 TAB | 3 | |
| STALEVO 200 TAB | 3 | |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older | 2 | PA |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older | 1 | PA |
| XADAGO TABS 50mg, 100mg | 4 | NDS |
| ZELAPAR TBDP 1.25mg | 4 | NDS |
| ANTIPSYCHOTICS | | |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 3 | QL |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days) | 4 | NDS QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days) | 4 | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days) | 4 | NDS QL |
| ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days) | 1 | QL |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 1 | QL |
| <i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|--------|
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days) | 4 | NDS QL | FANAPT PAK QL (2 packs / year) | 3 | QL PA |
| ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days) | 4 | NDS QL | <i>fluphenazine decanoate</i> SOLN 25mg/ml | 1 | |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | NDS | <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL | GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | 4 | NDS QL |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days) | 4 | NDS QL | GEODON SOLR 20mg QL (6 injections / 3 days) | 3 | QL |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | | HALDOL DECANOATE 50 SOLN 50mg/ml | 3 | |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg | 1 | | HALDOL DECANOATE 100 SOLN 100mg/ml | 3 | |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days) | 1 | QL | <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| <i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days) | 1 | QL | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml | 1 | |
| <i>clozapine</i> TBDP 12.5mg, 25mg | 1 | PA | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml | 1 | |
| <i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days) | 1 | QL PA | <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| <i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days) | 1 | QL PA | INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days) | 3 | QL |
| <i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days) | 1 | QL PA | INVEGA TB24 6mg QL (60 tabs / 30 days) | 3 | QL |
| CLOZARIL TABS 25mg, 50mg | 3 | | INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days) | 4 | NDS QL |
| CLOZARIL TABS 100mg QL (270 tabs / 30 days) | 4 | NDS QL | INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL |
| CLOZARIL TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL | INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | 4 | NDS QL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days) | 4 | NDS QL PA | | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|--------|
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days) | 4 | NDS QL | <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days) | 1 | QL ST |
| LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 4 | NDS QL | <i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days) | 1 | QL |
| LATUDA TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL | <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days) | 1 | QL |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | | <i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days) | 1 | QL |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 1 | QL | <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days) | 1 | QL | PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days) | 4 | NDS QL |
| LYBALVI TAB 5-10MG QL (30 tabs / 30 days) | 4 | NDS QL PA | <i>pimozide</i> TABS 1mg, 2mg | 1 | |
| LYBALVI TAB 10-10MG QL (30 tabs / 30 days) | 4 | NDS QL PA | <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 15-10MG QL (30 tabs / 30 days) | 4 | NDS QL PA | <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 20-10MG QL (30 tabs / 30 days) | 4 | NDS QL PA | <i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days) | 1 | QL |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 1 | | <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL |
| NUPLAZID CAPS 34mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL PA |
| NUPLAZID TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day) | 1 | QL | REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days) | 4 | NDS QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL | REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days) | 4 | NDS QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days) | 1 | QL | RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days) | 3 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days) | 1 | QL ST | | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|-----------|
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg | 3 | | SEROQUEL TABS 300mg, 400mg | 3 | QL |
| RISPERDAL CONSTA SRER 12.5mg | 3 | QL | QL (60 tabs / 30 days) | | |
| QL (2 injections / 28 days) | | | SEROQUEL XR TB24 50mg, 300mg, 400mg | 3 | QL PA |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg | 4 | NDS QL | QL (60 tabs / 30 days) | | |
| QL (2 injections / 28 days) | | | SEROQUEL XR TB24 150mg, 200mg | 3 | QL PA |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml | 1 | QL | QL (30 tabs / 30 days) | | |
| QL (240 mL / 30 days) | | | <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | | <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>risperidone</i> TABS .25mg | 1 | | <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | 1 | QL ST | UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml | 4 | NDS QL |
| QL (60 tabs / 30 days) | | | QL (1 syringe / 30 days) | | |
| <i>risperidone</i> TBDP 4mg | 1 | QL ST | UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml | 4 | NDS QL |
| QL (120 tabs / 30 days) | | | QL (1 syringe / 60 days) | | |
| <i>risperidone</i> TBDP .25mg, .5mg | 1 | QL ST | VERSACLOZ SUSP 50mg/ml | 4 | NDS QL PA |
| QL (90 tabs / 30 days) | | | QL (600 mL / 30 days) | | |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg | 1 | QL | VRAYLAR CAPS 1.5mg | 4 | NDS QL |
| QL (2 injections / 28 days) | | | QL (60 caps / 30 days) | | |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg | 4 | NDS QL | VRAYLAR CAPS 3mg, 4.5mg, 6mg | 4 | NDS QL |
| QL (2 injections / 28 days) | | | QL (30 caps / 30 days) | | |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 4 | NDS QL | <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg | 1 | QL |
| QL (60 tabs / 30 days) | | | QL (60 caps / 30 days) | | |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 4 | NDS QL | <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg | 1 | QL |
| QL (30 patches / 30 days) | | | QL (6 injections / 3 days) | | |
| SEROQUEL TABS 25mg | 3 | QL | ZYPREXA SOLR 10mg | 3 | QL |
| QL (180 tabs / 30 days) | | | QL (3 vials / 1 day) | | |
| SEROQUEL TABS 50mg, 100mg, 200mg | 3 | QL | ZYPREXA TABS 2.5mg, 5mg, 10mg | 3 | QL |
| QL (90 tabs / 30 days) | | | QL (60 tabs / 30 days) | | |
| | | | ZYPREXA TABS 7.5mg | 3 | QL |
| | | | QL (30 tabs / 30 days) | | |
| | | | ZYPREXA TABS 15mg, 20mg | 4 | NDS QL |
| | | | QL (30 tabs / 30 days) | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days) | 3 | QL NM PA | CARBATROL CP12 100mg, 200mg, 300mg | 3 | |
| ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days) | 4 | NDS QL NM PA | CELONTIN CAPS 300mg | 3 | |
| ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days) | 4 | NDS QL NM PA | <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days) | 1 | QL PA |
| ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days) | 3 | QL ST | <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days) | 1 | QL PA |
| ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days) | 3 | QL ST | <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days) | 1 | QL |
| ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days) | 4 | NDS QL ST | <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| ANTISEIZURE AGENTS | | | <i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days) | 1 | QL |
| APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days) | 4 | NDS QL | <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days) | 4 | NDS QL | <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| BANZEL SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA | DEPAKOTE TBEC 125mg, 250mg, 500mg | 3 | |
| BANZEL TABS 200mg QL (480 tabs / 30 days) | 4 | NDS QL PA | DEPAKOTE ER TB24 250mg, 500mg | 3 | |
| BANZEL TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA | DEPAKOTE SPRINKLES CSDR 125mg | 3 | |
| BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days) | 4 | NDS QL PA | DIACOMIT CAPS 250mg QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| BRIVIACT SOLN 50mg/5ml | 3 | PA | DIACOMIT CAPS 500mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days) | 4 | NDS QL PA | DIACOMIT PACK 250mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| <i>carbamazepine</i> CHEW 100mg | 1 | | DIACOMIT PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg | 1 | | <i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg | 1 | | | | |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1 | | | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|--|----------------------------|-----------|
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA | FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days) | 4 | NDS QL PA |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 1 | | FYCOMPA TABS 2mg QL (60 tabs / 30 days) | 3 | QL PA |
| <i>diazepam inj</i> SOLN 5mg/ml | 1 | | FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA | <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days) | 1 | QL |
| DILANTIN CAPS 30mg, 100mg | 3 | | <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | 1 | QL |
| DILANTIN INFATABS CHEW 50mg | 3 | | <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days) | 1 | QL |
| DILANTIN-125 SUSP 125mg/5ml | 3 | | <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | 1 | QL |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | | <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | 1 | QL |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | | KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 4 | NDS |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | | KEPPRA TABS 250mg | 3 | |
| EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days) | 4 | NDS QL NM PA | KEPPRA XR TB24 500mg, 750mg | 4 | NDS |
| <i>epitol</i> (generic of TEGRETOL) TABS 200mg | 1 | | KLONOPIN TABS 2mg QL (300 tabs / 30 days) | 3 | QL |
| EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days) | 3 | QL PA | KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days) | 3 | QL |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | 1 | | <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml | 1 | |
| <i>felbamate</i> SUSP 600mg/5ml | 1 | | <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg | 1 | | <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL |
| FELBATOL TABS 400mg, 600mg | 4 | NDS | <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days) | 1 | QL |
| FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA | LAMICTAL TABS 25mg, 100mg, 150mg, 200mg | 4 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg | 4 | NDS |
| LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg | 4 | NDS ST |
| LAMICTAL ODT KIT BLUE | 3 | |
| LAMICTAL ODT KIT GREEN | 3 | |
| LAMICTAL ODT KIT ORANGE | 3 | |
| LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg | 3 | |
| LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) | 3 | |
| LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS) | 3 | |
| LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | NDS ST |
| LAMICTAL XR KIT | 3 | |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | ST |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg | 1 | ST |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT) | 1 | |
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT) | 1 | |
| <i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT) | 1 | |
| LEVETIRACETA INJ 5MG/ML | 3 | |
| LEVETIRACETA INJ 10MG/ML | 3 | |
| LEVETIRACETA INJ 15MG/ML | 3 | |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days) | 3 | QL |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 3 | QL PA |
| LYRICA CAPS 200mg QL (90 caps / 30 days) | 3 | QL PA |
| LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) | 3 | QL PA |
| LYRICA SOLN 20mg/ml QL (900 mL / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|--|----------------------------|-----------|
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg | 1 | | <i>phenytek</i> CAPS 200mg, 300mg | 1 | |
| MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days) | 4 | NDS QL PA | <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg | 1 | |
| MYSOLINE TABS 50mg, 250mg | 4 | NDS | <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml | 1 | |
| NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days) | 3 | QL | <i>phenytoin sodium</i> SOLN 50mg/ml | 1 | |
| NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days) | 3 | QL | <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg | 1 | |
| NEURONTIN CAPS 400mg QL (270 caps / 30 days) | 3 | QL | <i>phenytoin sodium extended</i> CAPS 200mg, 300mg | 1 | |
| NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days) | 3 | QL | <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 1 | QL PA |
| NEURONTIN TABS 600mg QL (180 tabs / 30 days) | 4 | NDS QL | <i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) | 1 | QL PA |
| NEURONTIN TABS 800mg QL (120 tabs / 30 days) | 4 | NDS QL | <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) | 1 | QL PA |
| ONFI SUSP 2.5mg/ml QL (480 mL / 30 days) | 4 | NDS QL PA | <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) | 1 | QL PA |
| ONFI TABS 10mg, 20mg QL (60 tabs / 30 days) | 4 | NDS QL PA | <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg | 1 | |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | | <i>primidone</i> TABS 125mg | 1 | |
| OXTELLAR XR TB24 150mg, 300mg | 3 | PA | QUDEXY XR CS24 25mg QL (480 caps / 30 days) | 3 | QL PA |
| OXTELLAR XR TB24 600mg | 4 | NDS PA | QUDEXY XR CS24 50mg QL (240 caps / 30 days) | 3 | QL PA |
| <i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older | 3 | QL PA | QUDEXY XR CS24 100mg QL (120 caps / 30 days) | 3 | QL PA |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older | 2 | QL PA | QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days) | 4 | NDS QL PA |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older | 3 | PA | <i>roovepra</i> (generic of KEPPRA) TABS 500mg | 1 | |
| | | | <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days) | 1 | QL PA |
| <i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA |
| SABRIL PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| SABRIL TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRITAM TB3D 250mg QL (360 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 500mg QL (180 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 750mg QL (120 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 1000mg QL (90 tabs / 30 days) | 3 | QL |
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| <i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C) | 1 | |
| <i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days) | 4 | NDS QL PA |
| TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| TOPAMAX TABS 25mg | 3 | |
| TOPAMAX TABS 50mg, 100mg, 200mg | 4 | NDS |
| TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| TOPAMAX SPRINKLE CPSP 25mg | 4 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 25mg QL (480 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 50mg QL (240 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 100mg QL (120 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 150mg, 200mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 4 | NDS |
| TRILEPTAL TABS 150mg | 3 | |
| TROKENDI XR CP24 25mg QL (480 caps / 30 days) | 3 | QL PA |
| TROKENDI XR CP24 50mg QL (240 caps / 30 days) | 3 | QL PA |
| TROKENDI XR CP24 100mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| TROKENDI XR CP24 200mg QL (60 caps / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | 3 | QL PA |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 1 | |
| <i>valproic acid</i> CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days) | 3 | QL |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days) | 3 | QL |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days) | 3 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days) | 3 | QL |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days) | 4 | NDS QL |
| VIMPAT SOLN 200mg/20ml | 4 | NDS |
| VIMPAT TABS 50mg QL (120 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI PAK 12.5-25 QL (28 tabs / 28 days) | 3 | QL |
| XCOPRI PAK 50-100MG QL (28 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 100-150 QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days) | 4 | NDS QL |
| ZARONTIN CAPS 250mg; SOLN 250mg/5ml | 3 | |
| ZONEGRAN CAPS 25mg, 100mg | 4 | NDS |
| ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days) | 4 | NDS QL PA |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | |
| <i>zonisamide</i> CAPS 50mg | 1 | |
| ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days) | 4 | NDS QL NM PA |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| ADDERALL TAB 5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 7.5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 10MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 12.5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 15MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 20MG QL (90 tabs / 30 days) | 3 | QL PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| ADDERALL TAB 30MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 5MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 10MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 15MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 20MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 25MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 30MG QL (30 caps / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|--|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA | <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days) | 1 | QL PA |
| APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA | <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days) | 1 | QL PA |
| APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days) | 3 | QL PA | <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days) | 1 | QL | <i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days) | 1 | QL PA |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days) | 1 | QL | <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days) | 1 | QL PA |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days) | 1 | QL | <i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days) | 1 | QL PA |
| AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days) | 3 | QL PA | <i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days) | 3 | QL PA | <i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days) | 1 | QL PA |
| AZSTARYS CAP 52.3-10. QL (30 caps / 30 days) | 3 | QL PA | <i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 3 | QL PA | <i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days) | 1 | QL PA |
| CONCERTA TBCR 54mg QL (30 tabs / 30 days) | 3 | QL PA | DYANAVEL XR CHER 5mg QL (60 tabs / 30 days) | 3 | QL PA |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days) | 3 | QL PA | DYANAVEL XR CHER 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 3 | QL PA |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days) | 3 | QL PA | DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days) | 3 | QL PA |
| DEXEDRINE CP24 10mg QL (150 caps / 30 days) | 4 | NDS QL PA | FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days) | 3 | QL PA |
| DEXEDRINE CP24 15mg QL (120 caps / 30 days) | 4 | NDS QL PA | FOCALIN TABS 10mg QL (60 tabs / 30 days) | 3 | QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days) | 1 | QL PA | | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|--------|
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days) | 3 | QL PA | METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days) | 3 | QL PA | METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days) | 3 | QL PA |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older | 2 | QL PA | METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days) | 3 | QL PA |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older | 2 | QL PA | <i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days) | 1 | QL PA |
| INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older | 3 | QL PA | <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older | 3 | QL PA | <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days) | 3 | QL PA | <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days) | 3 | QL PA | <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA | <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days) | 1 | QL PA | <i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days) | 1 | QL PA | <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days) | 1 | QL PA | <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days) | 1 | QL PA |
| METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA | <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------|
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days) | 1 | QL PA | QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA | QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA | RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days) | 1 | QL PA | RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days) | 1 | QL PA | RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days) | 1 | QL PA | RITALIN TABS 20mg QL (90 tabs / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 1 | QL PA | RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days) | 1 | QL PA | RITALIN LA CP24 40mg QL (30 caps / 30 days) | 3 | QL PA |
| MYDAYIS CAP 12.5MG QL (30 caps / 30 days) | 3 | QL PA | STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days) | 3 | QL |
| MYDAYIS CAP 25MG QL (30 caps / 30 days) | 3 | QL PA | STRATTERA CAPS 40mg QL (60 caps / 30 days) | 3 | QL |
| MYDAYIS CAP 37.5MG QL (30 caps / 30 days) | 3 | QL PA | STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days) | 3 | QL |
| MYDAYIS CAP 50MG QL (30 caps / 30 days) | 3 | QL PA | VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA |
| QELBREE CP24 100mg QL (180 caps / 30 days) | 3 | QL PA | VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days) | 3 | QL PA |
| QELBREE CP24 150mg QL (60 caps / 30 days) | 3 | QL PA | VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA |
| QELBREE CP24 200mg QL (90 caps / 30 days) | 3 | QL PA | VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days) | 3 | QL PA |
| QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA | XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| <i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days) | 1 | QL PA |
| HYPNOTICS | | |
| AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 2 | QL |
| DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |
| <i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days) | 1 | QL |
| EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| <i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| <i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| HETLIOZ CAPS 20mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days) | 4 | NDS QL NM PA |
| LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days) | 3 | QL |
| <i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days) | 1 | QL |
| RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older | 4 | NDS QL PA |
| RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older | 4 | NDS QL PA |
| ROZEREM TABS 8mg QL (30 tabs / 30 days) | 3 | QL |
| SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days) | 3 | QL |
| <i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|--|----------------------------|-----------|
| <i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA | AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days) | 3 | QL NM PA |
| <i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA | <i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days) | 1 | QL ST |
| <i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 2 | QL PA | CAMBIA PACK 50mg QL (9 packets / 30 days) | 4 | NDS QL PA |
| <i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 2 | QL PA | <i>diclofenac potassium (migraine)</i> (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days) | 1 | QL PA |
| ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days) | 3 | QL PA | <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 4 | NDS |
| <i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 3 | QL PA | <i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days) | 4 | NDS QL PA |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 1 | QL PA | <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days) | 1 | QL ST |
| <i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | 2 | QL PA | ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days) | 4 | NDS QL PA |
| MIGRAINE | | | EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days) | 2 | QL NM PA |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days) | 2 | QL NM PA | EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days) | 2 | QL NM PA |
| AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days) | 3 | QL NM PA | EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days) | 2 | QL NM PA |
| | | | <i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days) | 1 | QL PA |
| | | | FROVA TABS 2.5mg QL (18 tabs / 30 days) | 4 | NDS QL ST |
| | | | <i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days) | 1 | QL ST |
| | | | IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | 3 | QL |
| | | | IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days) | 4 | NDS QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|--|----------------------------|-----------|
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days) | 4 | NDS QL | <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBP 10mg QL (18 tabs / 30 days) | 1 | QL |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days) | 4 | NDS QL | <i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days) | 1 | QL |
| IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days) | 4 | NDS QL | <i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days) | 1 | QL |
| MAXALT TABS 10mg QL (18 tabs / 30 days) | 3 | QL | <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days) | 1 | QL |
| MAXALT-MLT TBP 10mg QL (18 tabs / 30 days) | 3 | QL | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL |
| <i>migergot</i> QL (20 suppositories / 28 days) | 4 | NDS QL PA | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL |
| MIGRANAL SOLN 4mg/ml QL (8 mL / 30 days) | 4 | NDS QL PA | <i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days) | 1 | QL | <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | 1 | QL |
| NURTEC TBP 75mg QL (16 tabs / 30 days) | 2 | QL PA | <i>sumatriptan- naproxen sodium</i> <i>tab 85-500 mg</i> (generic of TREMIMET) QL (9 tabs / 30 days) | 1 | QL ST |
| ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days) | 4 | NDS QL ST | TOSYMRA SOLN 10mg/act QL (18 units / 30 days) | 3 | QL ST |
| QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days) | 2 | QL PA | TREMIMET TAB 85-500MG QL (9 tabs / 30 days) | 4 | NDS QL ST |
| RELPAX TABS 20mg QL (12 tabs / 30 days) | 3 | QL ST | TRUDHESA AERS .725mg/act QL (12 mL / 28 days) | 4 | NDS QL PA |
| RELPAX TABS 40mg QL (12 tabs / 30 days) | 4 | NDS QL ST | UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days) | 2 | QL PA |
| REYVOW TABS 50mg QL (4 tabs / 30 days) | 3 | QL PA | VYEPTI SOLN 100mg/ml | 4 | NDS NM PA |
| REYVOW TABS 100mg QL (8 tabs / 30 days) | 3 | QL PA | | | |
| <i>rizatriptan benzoate</i> TABS 5mg; TBP 5mg QL (18 tabs / 30 days) | 1 | QL | | | |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days) | 1 | QL | | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|--|----------------------------|-----------|
| ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days) | 4 | NDS QL PA | <i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days) | 1 | QL PA |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days) | 4 | NDS QL ST | GRALISE TABS 300mg QL (180 tabs / 30 days) | 3 | QL PA |
| <i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days) | 1 | QL ST | GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days) | 3 | QL PA |
| <i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days) | 1 | QL ST | GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days) | 3 | QL PA |
| MISCELLANEOUS | | | HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days) | 3 | QL PA |
| AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days) | 4 | NDS QL NM PA | <i>lithium</i> SOLN 8meq/5ml | 1 | |
| AUSTEDO TABS 6mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | 1 | |
| AUSTEDO XR TB24 6mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | LITHOBID TBCR 300mg | 4 | NDS |
| AUSTEDO XR TB24 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days) | 3 | QL PA |
| AUSTEDO XR TB24 24mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | LYRICA CR TB24 330mg QL (60 tabs / 30 days) | 3 | QL PA |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | MESTINON SOLN 60mg/5ml; 4 TABS 60mg | 4 | NDS |
| AUSTEDO XR TAB TITR KIT QL (2 packs / year) | 4 | NDS QL NM PA | MESTINON TIMESPAN TBCR 180mg | 4 | NDS |
| DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days) | 4 | NDS QL NM PA | NUEDEXTA CAP 20-10MG QL (60 caps / 30 days) | 4 | NDS QL PA |
| <i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml | 4 | NDS NM PA | <i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days) | 3 | QL PA |
| ENSPRYNG SOSY 120mg/ml | 4 | NDS NM PA | <i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days) | 1 | QL PA |
| EQUETRO CP12 100mg, 200mg, 300mg | 3 | | <i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days) | 1 | QL PA |
| EVRYSDI SOLR .75mg/ml | 4 | NDS NM PA | <i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg | 1 | |
| EXSERVAN FILM 50mg QL (60 films / 30 days) | 4 | NDS QL NM PA | | | |
| FIRDAPSE TABS 10mg <i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days) | 4 | NDS NM PA | | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|--|----------------------------|--------------|
| <i>pyridostigmine bromide</i> TABS 30mg | 1 | | AVONEX PEN AJKT 30mcg/0.5ml | 4 | NDS QL NM PA |
| <i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg | 1 | | QL (4 injections / 28 days) | | |
| RADICAVA SOLN 30mg/100ml | 4 | NDS NM PA | BAFIERTAM CPDR 95mg | 4 | NDS QL NM PA |
| RADICAVA ORS SUSP 105mg/5ml | 4 | NDS QL NM PA | QL (120 caps / 30 days) | | |
| QL (70 mL / 28 days) | | | BETASERON KIT .3mg | 4 | NDS QL NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml | 4 | NDS QL NM PA | QL (14 syringes / 28 days) | | |
| QL (70 mL / 28 days) | | | BRIUMVI SOLN 150mg/6ml | 4 | NDS NM PA |
| <i>riluzole</i> TABS 50mg | 1 | | COPAXONE SOSY 20mg/ml | 4 | NDS QL NM PA |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 3 | QL PA | QL (30 syringes / 30 days) | | |
| QL (60 tabs / 30 days) | | | COPAXONE SOSY 40mg/ml | 4 | NDS QL NM PA |
| SAVELLA MIS TITR PAK | 3 | QL PA | QL (12 syringes / 28 days) | | |
| QL (2 packs / year) | | | <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg | 1 | QL NM PA |
| SKYCLARYS CAPS 50mg | 4 | NDS QL NM PA | QL (60 tabs / 30 days) | | |
| QL (90 caps / 30 days) | | | <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg | 4 | NDS QL NM PA |
| TEGLUTIK SUSP 50mg/10ml | 4 | NDS QL NM PA | QL (14 caps / 7 days) | | |
| QL (600 mL / 30 days) | | | <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg | 4 | NDS QL NM PA |
| TEGSEDI SOSY 284mg/1.5ml | 4 | NDS QL NM PA | QL (60 caps / 30 days) | | |
| QL (4 syringes / 28 days) | | | <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) | 4 | NDS QL NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg | 4 | NDS QL NM PA | QL (2 packs / year) | | |
| QL (90 tabs / 30 days) | | | <i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg | 4 | NDS QL NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg | 4 | NDS QL NM PA | QL (30 caps / 30 days) | | |
| QL (120 tabs / 30 days) | | | GILENYA CAPS .25mg, .5mg | 4 | NDS QL NM PA |
| UPLIZNA SOLN 100mg/10ml | 4 | NDS NM PA | QL (30 caps / 30 days) | | |
| WAINUA SOAJ 45mg/0.8ml | 4 | NDS QL NM PA | <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml | 4 | NDS QL NM PA |
| QL (1 pen / 30 days) | | | QL (30 syringes / 30 days) | | |
| XENAZINE TABS 12.5mg | 4 | NDS QL NM PA | <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml | 4 | NDS QL NM PA |
| QL (90 tabs / 30 days) | | | QL (12 syringes / 28 days) | | |
| XENAZINE TABS 25mg | 4 | NDS QL NM PA | <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml | 4 | NDS QL NM PA |
| QL (120 tabs / 30 days) | | | QL (30 syringes / 30 days) | | |
| MULTIPLE SCLEROSIS AGENTS | | | | | |
| AMPYRA TB12 10mg | 4 | NDS QL NM PA | | | |
| QL (60 tabs / 30 days) | | | | | |
| AUBAGIO TABS 7mg, 14mg | 4 | NDS QL NM PA | | | |
| QL (30 tabs / 30 days) | | | | | |
| AVONEX PSKT 30mcg/0.5ml | 4 | NDS QL NM PA | | | |
| QL (4 syringes / 28 days) | | | | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year) | 4 | NDS QL NM PA |
| LEMTRADA SOLN 12mg/1.2ml | 4 | NDS NM PA |
| MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime) | 4 | NDS QL NM PA |
| MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| MAYZENT TABS .25mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year) | 4 | NDS QL NM PA |
| OCREVUS SOLN 300mg/10ml | 4 | NDS NM PA |
| PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| PLEGRIDY INJ STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| PLEGRIDY PEN INJ STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| PONVORY TABS 20mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PONVORY TAB STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| REBIF REBIDO INJ TITRATN QL (12 injections / 28 days) | 4 | NDS QL NM PA |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days) | 4 | NDS QL NM PA |
| REBIF TITRTN INJ PACK QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TECFIDERA CPDR 120mg QL (14 caps / 7 days) | 4 | NDS QL NM PA |
| TECFIDERA CPDR 240mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| TECFIDERA CAP STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| <i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TYSABRI CONC 300mg/15ml | 4 | NDS NM PA |
| VUMERITY CPDR 231mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA CAPS .92mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| ZEPOSIA CAP STR KIT QL (2 packs / year) | 4 | NDS QL NM PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml | 1 | PA |
| <i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml | 4 | NDS PA |
| <i>baclofen</i> TABS 5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>baclofen</i> TABS 10mg, 15mg, 20mg | 1 | |
| BOTOX SOLR 100unit, 200unit | 4 | NDS PA |
| <i>carisoprodol</i> (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| <i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| DANTRIUM CAPS 25mg | 3 | |
| <i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg | 1 | |
| <i>dantrolene sodium</i> CAPS 50mg, 100mg | 1 | |
| DYSPORT SOLR 300unit | 3 | NM PA |
| DYSPORT SOLR 500unit | 4 | NDS NM PA |
| FLEQSUVY SUSP 25mg/5ml | 4 | NDS PA |
| LYVISPAH PACK 5mg, 10mg, 20mg | 3 | PA |
| <i>metaxalone</i> TABS 400mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| <i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| <i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml | 3 | NM PA |
| MYOBLOC SOLN 10000unit/2ml | 4 | NDS NM PA |
| OZOBAX DS SOLN 10mg/5ml | 3 | PA |
| SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 4 | NDS QL PA |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1 | |
| <i>tizanidine hcl</i> TABS 2mg | 1 | |
| XEOMIN SOLR 50unit | 3 | NM PA |
| XEOMIN SOLR 100unit, 200unit | 4 | NDS NM PA |
| ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg | 3 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days) | 4 | NDS QL NM PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days) | 1 | QL PA |
| NUVIGIL TABS 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 200mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days) | 3 | QL PA |
| WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XYREM SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| XYWAV SOL 0.5GM/ML QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | 1 | |
| BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml | 4 | NDS NM |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days) | 1 | QL |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days) | 1 | QL |
| <i>disulfiram</i> TABS 250mg, 500mg | 1 | |
| KLOXXADO LIQD 8mg/0.1ml | 2 | |
| LUCEMYRA TABS .18mg QL (228 tabs / 14 days) | 4 | NDS QL PA |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | 1 | |
| <i>naltrexone hcl</i> TABS 50mg | 1 | |
| NICOTROL INHALER INHA 10mg | 3 | |
| NICOTROL NS SOLN 10mg/ml | 3 | |
| OPVEE SOLN 2.7mg/0.1ml | 3 | |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | NDS NM |
| SUBOXONE MIS 2-0.5MG QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 4-1MG QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 8-2MG QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 12-3MG QL (60 films / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days) | 1 | QL |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year) | 1 | QL |
| VIVITROL SUSR 380mg | 4 | NDS NM |
| ZIMHI SOSY 5mg/0.5ml | 3 | |
| ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days) | 3 | QL |
| ENDOCRINE AND METABOLIC ANDROGENS | | |
| ANDROGEL PUMP GEL 1.62% QL (150 gm / 30 days) | 3 | QL PA |
| AVEED SOLN 750mg/3ml | 3 | NM PA |
| <i>danazol</i> CAPS 50mg, 100mg, 1 200mg | 1 | PA |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days) | 3 | QL PA |
| JATENZO CAPS 237mg QL (60 caps / 30 days) | 4 | NDS QL PA |
| <i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days) | 4 | NDS QL PA |
| NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days) | 3 | QL PA |
| TESTIM GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days) | 1 | QL PA |
| <i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days) | 1 | QL PA |
| <i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days) | 1 | QL PA |
| <i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days) | 1 | QL PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 1 | PA |
| TLANDO CAPS 112.5mg QL (120 caps / 30 days) | 3 | QL PA |
| VOGELXO GEL 50mg/5gm QL (300 gm / 30 days) | 3 | QL PA |
| VOGELXO PUMP GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml | 3 | PA |
| ANTIDIABETICS | | |
| <i>acarbose</i> TABS 25mg, 50mg, 1 100mg | 1 | |
| ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days) | 3 | QL |
| ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 3 | QL |
| <i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>alogliptin-metformin hcl tab</i> 12.5-500 mg QL (60 tabs / 30 days) | 3 | QL ST |
| <i>alogliptin-metformin hcl tab</i> 12.5-1000 mg QL (60 tabs / 30 days) | 3 | QL ST |
| <i>alogliptin-pioglitazone tab</i> 12.5-30 mg QL (30 tabs / 30 days) | 3 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>alogliptin-pioglitazone tab 25-15 mg</i> QL (30 tabs / 30 days) | 3 | QL ST | <i>glipizide xl (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days) | 1 | QL |
| <i>alogliptin-pioglitazone tab 25-30 mg</i> QL (30 tabs / 30 days) | 3 | QL ST | <i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>alogliptin-pioglitazone tab 25-45 mg</i> QL (30 tabs / 30 days) | 3 | QL ST | <i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days) | 1 | QL |
| BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days) | 3 | QL PA | <i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days) | 1 | QL |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days) | 3 | QL PA | GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-2MG QL (30 tabs / 30 days) | 3 | QL | GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-4MG QL (30 tabs / 30 days) | 3 | QL | GLUMETZA TB24 500mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL | GLUMETZA TB24 1000mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>glimepiride TABS 1mg, 2mg</i> QL (90 tabs / 30 days) | 1 | QL | GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 2 | QL |
| <i>glimepiride TABS 4mg</i> QL (60 tabs / 30 days) | 1 | QL | GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 2 | QL |
| <i>glipizide TABS 2.5mg</i> QL (480 tabs / 30 days) | 1 | QL | INVOKAMET TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL |
| <i>glipizide TABS 5mg</i> QL (240 tabs / 30 days) | 1 | QL | INVOKAMET TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide TABS 10mg</i> QL (120 tabs / 30 days) | 1 | QL | INVOKAMET TAB 150-500 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide TB24 2.5mg</i> QL (90 tabs / 30 days) | 1 | QL | INVOKAMET TAB 150-1000 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide (generic of GLUCOTROL XL) TB24 5mg</i> QL (90 tabs / 30 days) | 1 | QL | INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL |
| <i>glipizide (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days) | 1 | QL | INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide xl TB24 2.5mg</i> QL (90 tabs / 30 days) | 1 | QL | INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide xl (generic of GLUCOTROL XL) TB24 5mg</i> QL (90 tabs / 30 days) | 1 | QL | INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days) | 3 | QL |
| | | | INVOKANA TABS 100mg QL (60 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| INVOKANA TABS 300mg QL (30 tabs / 30 days) | 3 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 2 | QL |
| JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 2 | QL |
| JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days) | 2 | QL |
| KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days) | 3 | QL ST |
| KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days) | 3 | QL ST |
| KOMBIGLYZ XR TAB 2.5- 1000 QL (60 tabs / 30 days) | 3 | QL ST |
| KOMBIGLYZ XR TAB 5- 500MG QL (30 tabs / 30 days) | 3 | QL ST |
| KOMBIGLYZ XR TAB 5- 1000MG QL (30 tabs / 30 days) | 3 | QL ST |
| <i>liraglutide</i> SOPN 18mg/3ml QL (3 pens / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days) | 1 | QL PA |
| <i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| <i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA |
| <i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA |
| <i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| <i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA |
| <i>metformin hcl</i> (generic of GLUMETZA) TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg | 1 | |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA |
| <i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days) | 1 | QL |
| NESINA TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days) | 3 | QL ST |
| ONGLYZA TABS 2.5mg, 5mg QL (30 tabs / 30 days) | 3 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------|
| OSENI TAB 12.5-30 QL (30 tabs / 30 days) | 3 | QL ST | RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days) | 2 | QL PA |
| OSENI TAB 25-15MG QL (30 tabs / 30 days) | 3 | QL ST | saxagliptin hcl TABS 2.5mg QL (30 tabs / 30 days) | 1 | QL |
| OSENI TAB 25-30MG QL (30 tabs / 30 days) | 3 | QL ST | saxagliptin hcl (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| OSENI TAB 25-45MG QL (30 tabs / 30 days) | 3 | QL ST | saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg QL (60 tabs / 30 days) | 1 | QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days) | 2 | QL PA | saxagliptin-metformin hcl tab er 24hr 5-500 mg QL (30 tabs / 30 days) | 1 | QL |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days) | 2 | QL PA | saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days) | 1 | QL |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days) | 3 | QL |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days) | 3 | QL |
| pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 1 | QL | SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days) | 3 | QL |
| pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL | SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days) | 3 | QL |
| pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL | SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL ST |
| pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days) | 1 | QL | STEGLATRO TABS 5mg QL (90 tabs / 30 days) | 3 | QL |
| pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days) | 1 | QL | STEGLATRO TABS 15mg QL (30 tabs / 30 days) | 3 | QL |
| QTERN TAB 5-5MG QL (30 tabs / 30 days) | 3 | QL | STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days) | 3 | QL |
| QTERN TAB 10-5MG QL (30 tabs / 30 days) | 3 | QL | STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days) | 3 | QL |
| repaglinide TABS 2mg QL (240 tabs / 30 days) | 1 | QL | SYMLINPEN 60 SOPN 1500mcg/1.5ml | 4 | NDS PA |
| repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days) | 1 | QL | SYMLINPEN 120 SOPN 2700mcg/2.7ml | 4 | NDS PA |
| | | | SYNJARDY TAB 5-500MG QL (120 tabs / 30 days) | 2 | QL |
| | | | SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| | | | SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days) | 2 | QL |
| TRADJENTA TABS 5mg QL (30 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days) | 2 | QL |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA |
| TZIELD SOLN 2mg/2ml | 4 | NDS NM PA |
| VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days) | 3 | QL PA |
| XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days) | 2 | QL |
| XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days) | 2 | QL |
| XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days) | 2 | QL |
| ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| ANTIDIABETICS, INSULINS | | |
| ADMELOG SOLN 100unit/ml | 2 | |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | |
| AFREZZA POWD 4unit, 8unit | 3 | |
| AFREZZA POWD 12unit | 4 | NDS |
| AFREZZA POW 4-8 UNIT | 4 | NDS |
| AFREZZA POW 4-8-12 | 4 | NDS |
| AFREZZA POW 8-12UNIT | 4 | NDS |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY | 2 | PA |
| APIDRA SOLN 100unit/ml | 3 | |
| APIDRA SOLOSTAR SOPN 100unit/ml | 3 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |
| BASAGLAR TEMPO PEN SOPN 100unit/ml | 3 | |
| FIASP SOLN 100unit/ml | 2 | |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | |
| FIASP PENFILL SOCT 100unit/ml | 2 | |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D |
| GAUZE PADS 2X2 | 2 | PA |
| HUMALOG SOCT 100unit/ml; SOLN 100unit/ml | 3 | |
| HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml | 3 | |
| HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |
| HUMALOG MIX INJ 75/25KWP | 3 | |
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMALOG TEMPO PEN SOPN 100unit/ml | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |
| HUMULIN N SUSP 100unit/ml | 3 | |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | |
| HUMULIN R SOLN 100unit/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 4 | NDS B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 4 | NDS |
| INS ASP PROT INJ FLEXPEN | 3 | |
| INSULIN ASPA INJ 70/30 | 3 | |
| INSULIN ASPART SOLN 100unit/ml | 3 | |
| INSULIN ASPART FLEXPEN SOPN 100unit/ml | 3 | |
| INSULIN ASPART PENFILL SOCT 100unit/ml | 3 | |
| INSULIN DEGLUDEC SOLN 100unit/ml | 3 | |
| INSULIN DEGLUDEC FLEXTUOC SOPN 100unit/ml, 200unit/ml | 3 | |
| INSULIN GLARGINE MAX SOLO SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml | 3 | |
| INSULIN LISIP INJ PROTAMIN | 3 | |
| INSULIN LISIPRO SOLN 100unit/ml | 3 | |
| INSULIN LISIPRO JUNIOR KWI SOPN 100unit/ml | 3 | |
| INSULIN LISIPRO KWIKPEN SOPN 100unit/ml | 3 | |
| INSULIN PEN NEEDLES: BD- EMBECTA | 2 | PA |
| INSULIN SAFETY NEEDLES: BD-EMBECTA | 2 | PA |
| INSULIN SYRINGES: BD- EMBECTA | 2 | PA |
| LANTUS SOLN 100unit/ml | 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| LYUMJEV SOLN 100unit/ml | 3 | |
| LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| LYUMJEV TEMPO PEN SOPN 100unit/ml | 3 | |
| NOVOLIN70/30 INJ RELION | 3 | |
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ 70/30 FP | 2 | |
| NOVOLIN INJ 70/30 FP RELION | 3 | |
| NOVOLIN N SUSP 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN RELION SUPN 100unit/ml | 3 | |
| NOVOLIN N RELION SUSP 100unit/ml | 3 | |
| NOVOLIN R SOLN 100unit/ml | 2 | |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLIN R FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLIN R RELION SOLN 100unit/ml | 3 | |
| NOVOLOG SOLN 100unit/ml | 2 | |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEX REL | 3 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | |
| NOVOLOG RELI INJ 70/30 | 3 | |
| NOVOLOG RELION SOLN 100unit/ml | 3 | |
| OMNIPOD 5 G6 KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD 5 G7 KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| OMNIPOD DASH KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD MIS CLASSIC QL (15 pods / 30 days) | 3 | QL PA |
| REZVOGLAR KWIKPEN SOPN 100unit/ml | 3 | |
| SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml | 3 | |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | 2 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 2 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 2 | |
| V-GO 20 KIT QL (30 devices / 30 days) | 3 | QL PA |
| V-GO 30 KIT QL (30 devices / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| V-GO 40 KIT QL (30 devices / 30 days) | 3 | QL PA |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | 2 | QL |
| CALCIUM REGULATORS | | |
| ACTONEL TABS 35mg, 150mg | 3 | |
| <i>alendronate sodium</i> SOLN 70mg/75ml | 1 | ST |
| <i>alendronate sodium</i> TABS 10mg, 35mg | 1 | |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | 1 | |
| AELVIA TBEC 35mg | 3 | ST |
| BINOSTO TBEF 70mg | 3 | ST |
| <i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml | 4 | NDS B/D |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | 1 | B/D |
| EVENITY SOSY 105mg/1.17ml | 4 | NDS NM PA |
| FORTEO SOPN 600mcg/2.4ml | 4 | NDS NM PA |
| FOSAMAX TABS 70mg | 3 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST |
| FOSAMAX + D TAB 70-5600 | 3 | ST |
| <i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days) | 1 | B/D QL |
| <i>ibandronate sodium</i> TABS 150mg | 1 | B/D |
| MIACALCIN SOLN 200unit/ml | 4 | NDS B/D |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 2 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| RECLAST SOLN 5mg/100ml | 3 | B/D NM |
| <i>risedronate sodium</i> TABS 5mg, 30mg, 150mg | 1 | |
| <i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg | 1 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg | 1 | ST |
| TERIPARATIDE SOPN 620mcg/2.48ml | 4 | NDS NM PA |
| <i>teriparatide (recombinant)</i> (generic of FORTEO) SOPN 600mcg/2.4ml | 4 | NDS NM PA |
| TYMLOS SOPN 3120mcg/1.56ml | 4 | NDS NM PA |
| XGEVA SOLN 120mg/1.7ml | 4 | NDS NM PA |
| <i>zoledronic acid</i> CONC 4mg/5ml | 1 | B/D NM |
| ZOLEDRONIC ACID SOLN 4mg/100ml | 3 | B/D NM |
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml | 1 | B/D NM |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 4 | NDS |
| CUVRIOR TABS 300mg | 4 | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg | 1 | NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg | 3 | NM PA |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg | 1 | NM PA |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg | 4 | NDS NM PA |
| <i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg | 4 | NDS NM PA |
| <i>deferoxamine mesylate</i> SOLR 2gm | 1 | NM PA |
| <i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg | 1 | NM PA |
| DEPEN TITRATABS TABS 250mg | 4 | NDS NM |
| DESFERAL SOLR 500mg | 3 | NM PA |
| EXJADE TBSO 125mg, 250mg, 500mg | 4 | NDS NM PA |
| FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | NDS NM PA |
| JADENU TABS 90mg, 180mg, 360mg | 4 | NDS NM PA |
| JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 2 | |
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg | 4 | NDS NM |
| <i>sodium polystyrene sulfonate powder</i> | 1 | |
| <i>sps</i> SUSP 15gm/60ml | 1 | |
| SYPRINE CAPS 250mg | 4 | NDS NM PA |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg | 4 | NDS NM PA |
| <i>trientine hcl</i> CAPS 500mg | 4 | NDS NM PA |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 2 | |
| CONTRACEPTIVES | | |
| <i>afirmelle</i> | 1 | |
| <i>altavera</i> | 1 | |
| <i>alyacen 1/35</i> | 1 | |
| <i>alyacen 7/7/7</i> | 1 | |
| <i>amethia</i> | 1 | |
| <i>amethyst</i> | 1 | |
| ANNOVERA MIS | 3 | |
| <i>apri</i> | 1 | |
| <i>aranelle</i> | 1 | |
| <i>ashlyna</i> | 1 | |
| <i>aubra eq</i> | 1 | |
| <i>aurovela 1/20</i> | 1 | |
| <i>aurovela 24 fe</i> | 1 | |
| <i>aurovela fe 1.5/30</i> | 1 | |
| <i>aurovela fe 1/20</i> | 1 | |
| <i>aviane</i> | 1 | |
| <i>ayuna</i> | 1 | |
| <i>azurette</i> | 1 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| <i>balziva</i> | 1 | |
| BEYAZ TAB | 3 | |
| <i>blisovi 24 fe</i> | 1 | |
| <i>blisovi fe 1.5/30</i> | 1 | |
| <i>briellyn</i> | 1 | |

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| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>camila</i> TABS .35mg | 1 |
| <i>camrese</i> | 1 |
| <i>camrese lo</i> | 1 |
| <i>chateal eq</i> | 1 |
| <i>cryselle-28</i> | 1 |
| <i>cyred eq</i> | 1 |
| <i>dasetta 1/35</i> | 1 |
| <i>dasetta 7/7/7</i> | 1 |
| <i>daysee</i> | 1 |
| <i>deblitane</i> TABS .35mg | 1 |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 2 |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1 |
| <i>dolishale</i> | 1 |
| <i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i> | 1 |
| <i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i> | 1 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i> | 1 |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i> | 1 |
| <i>elinest</i> | 1 |
| <i>eluryng</i> (generic of NUVARING) | 1 |
| <i>emzahh</i> TABS .35mg | 1 |
| <i>enilloring</i> (generic of NUVARING) | 1 |
| <i>enpresse-28</i> | 1 |
| <i>enskyce</i> | 1 |
| <i>errin</i> TABS .35mg | 1 |
| <i>estarylla</i> | 1 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i> | 1 |
| <i>falmina</i> | 1 |
| <i>finzala</i> | 1 |
| <i>gemmily</i> (generic of TAYTULLA) | 1 |
| <i>hailey 1.5/30</i> | 1 |
| <i>hailey 24 fe</i> | 1 |
| <i>haloette</i> (generic of NUVARING) | 1 |
| <i>heather</i> TABS .35mg | 1 |
| <i>iclevia</i> | 1 |
| <i>incassia</i> TABS .35mg | 1 |
| <i>introvale</i> | 1 |
| <i>isibloom</i> | 1 |
| <i>jasmiel</i> (generic of YAZ) | 1 |
| <i>jolessa</i> | 1 |
| <i>joyeaux</i> (generic of BALCOLTRA) | 1 |
| <i>juleber</i> | 1 |
| <i>junel 1.5/30</i> | 1 |
| <i>junel 1/20</i> | 1 |
| <i>junel fe 1.5/30</i> | 1 |
| <i>junel fe 1/20</i> | 1 |
| <i>junel fe 24</i> | 1 |
| <i>kaitlib fe</i> | 1 |
| <i>kariva</i> | 1 |
| <i>kelnor 1/35</i> | 1 |
| <i>kelnor 1/50</i> | 1 |
| <i>kurvelo</i> | 1 |
| <i>larin 1.5/30</i> | 1 |
| <i>larin 1/20</i> | 1 |
| <i>larin 24 fe</i> | 1 |
| <i>larin fe 1.5/30</i> | 1 |
| <i>larin fe 1/20</i> | 1 |
| <i>layolis fe</i> | 1 |
| <i>leena</i> | 1 |
| <i>lessina</i> | 1 |
| <i>levonest</i> | 1 |
| <i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i> | 1 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) | 1 | |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 1 | |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | 1 | |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 1 | |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 1 | |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg | 1 | |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 1 | |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA) | 1 | |
| levora 0.15/30-28 | 1 | |
| LILETTA IUD 20.1mcg/day | 2 | NM |
| LO LOESTRIN TAB 1-10-10 | 3 | |
| loestrin 1.5/30-21 | 1 | |
| loestrin 1/20-21 | 1 | |
| loestrin fe 1.5/30 | 1 | |
| loestrin fe 1/20 | 1 | |
| loryna (generic of YAZ) | 1 | |
| low-ogestrel | 1 | |
| lutra | 1 | |
| lyleq TABS .35mg | 1 | |
| lyza TABS .35mg | 1 | |
| marlissa | 1 | |
| medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| merzee (generic of TAYTULLA) | 1 | |
| mibelas 24 fe | 1 | |
| microgestin 1.5/30 | 1 | |
| microgestin 1/20 | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| microgestin 24 fe | 1 | |
| microgestin fe 1.5/30 | 1 | |
| microgestin fe 1/20 | 1 | |
| mili | 1 | |
| mono-linyah | 1 | |
| NATAZIA TAB | 3 | |
| necon 0.5/35-28 | 1 | |
| NEXPLANON IMPL 68mg | 2 | NM |
| NEXTSTELLIS TAB 3-14.2MG | 3 | PA |
| nikki (generic of YAZ) | 1 | |
| nora-be TABS .35mg | 1 | |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | 1 | |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | 1 | |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg | 1 | |
| norethindrone (contraceptive) TABS .35mg | 1 | |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 1 | |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 1 | |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg | 1 | |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 1 | |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) | 1 | |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA) | 1 | |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 1 | |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 1 | |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>norlyroc</i> TABS .35mg | 1 |
| <i>nortrel 0.5/35 (28)</i> | 1 |
| <i>nortrel 1/35 (21)</i> | 1 |
| <i>nortrel 1/35 (28)</i> | 1 |
| <i>nortrel 7/7/7</i> | 1 |
| NUVARING MIS | 3 |
| <i>nylia 1/35</i> | 1 |
| <i>nylia 7/7/7</i> | 1 |
| <i>nymyo</i> | 1 |
| <i>ocella</i> (generic of YASMIN 28) | 1 |
| PHEXXI GEL | 3 |
| <i>philith</i> | 1 |
| <i>pimtrea</i> | 1 |
| <i>portia-28</i> | 1 |
| <i>reclipsen</i> | 1 |
| <i>rivelsa</i> | 1 |
| SAFYRAL TAB | 3 |
| <i>setlakin</i> | 1 |
| <i>sharobel</i> TABS .35mg | 1 |
| <i>simliya</i> | 1 |
| <i>simpesse</i> | 1 |
| SLYND TABS 4mg | 3 |
| <i>sprintec 28</i> | 1 |
| <i>sronyx</i> | 1 |
| <i>syeda</i> (generic of YASMIN 28) | 1 |
| <i>tarina 24 fe</i> | 1 |
| <i>tarina fe 1/20 eq</i> | 1 |
| TAYTULLA CAP 1MG/20MC | 3 |
| <i>tilia fe</i> | 1 |
| <i>tri-estarylla</i> | 1 |
| <i>tri-legest fe</i> | 1 |
| <i>tri-linyah</i> | 1 |
| <i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>tri-mili</i> | 1 |
| <i>tri-nymyo</i> | 1 |
| <i>tri-sprintec</i> | 1 |
| <i>tri-vylibra</i> | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>trivora-28</i> | 1 |
| <i>turqoz</i> | 1 |
| TYBLUME CHW 0.1-0.02 | 3 |
| <i>tydemy</i> (generic of SAFYRAL) | 1 |
| <i>velivet</i> | 1 |
| <i>vestura</i> (generic of YAZ) | 1 |
| <i>vienva</i> | 1 |
| <i>viorele</i> | 1 |
| <i>vyfemla</i> | 1 |
| <i>vylibra</i> | 1 |
| <i>wera</i> | 1 |
| <i>wymzya fe</i> | 1 |
| <i>xulane</i> | 1 |
| YASMIN 28 TAB 3-0.03MG | 3 |
| YAZ TAB 3-0.02MG | 3 |
| <i>zafemy</i> | 1 |
| <i>zovia 1/35</i> | 1 |
| <i>zumandimine</i> (generic of YASMIN 28) | 1 |
| ESTROGENS | |
| ACTIVEVELLA TAB 1-0.5MG | 3 |
| BIJUVA CAP 0.5-100 | 3 |
| BIJUVA CAP 1-100MG | 3 |
| CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 |
| CLIMARA PRO DIS WEEKLY | 3 |
| COMBIPATCH DIS | 3 |
| DELESTROGEN OIL 10mg/ml, 20mg/ml | 3 |
| DEPO-ESTRADIOL OIL 5mg/ml | 3 |
| DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 |
| <i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 |
| ELESTRIN GEL .06% | 3 |
| ESTRACE CREA .1mg/gm | 3 |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>estradiol</i> (generic of ESTROGEL) GEL .06% | 3 | | MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg | 3 | |
| <i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | | MENOSTAR PTWK 14mcg/24hr | 3 | |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | | <i>mimvey</i> (generic of ACTIVELLA) | 2 | |
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2 | | MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg | 1 | | <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | | <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA) | 2 | | PREMARIN CREA .625mg/gm; SOLR 25mg | 3 | |
| <i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm | 1 | | PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 2 | |
| <i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg | 1 | | PREMPHASE TAB | 2 | |
| <i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml | 1 | | PREMPRO TAB | 2 | |
| ESTRING RING 7.5mcg/24hr | 3 | | PREMPRO TAB 0.3-1.5 | 2 | |
| ESTROGEL GEL .06% | 3 | | PREMPRO TAB 0.45-1.5 | 2 | |
| EVAMIST SOLN 1.53mg/spray | 3 | | PREMPRO TAB 0.625-5 | 2 | |
| FEMRING RING .05mg/24hr, .1mg/24hr | 3 | | VAGIFEM TABS 10mcg | 3 | |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 2 | | VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>fyavolv tab 1mg-5mcg</i> | 2 | | <i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg | 1 | |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg | 3 | PA | GLUCOCORTICOIDS | | |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg | 3 | PA | ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg | 4 | NDS NM PA |
| <i>jinteli</i> | 2 | | ALKINDI SPRINKLE CPSP .5mg | 3 | NM PA |
| <i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | | <i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN) | 1 | |
| | | | CELESTONE INJ SOLUSPAN | 3 | |
| | | | CORTEF TABS 5mg, 10mg, 20mg | 3 | |
| | | | CORTISONE ACETATE TABS 25mg | 3 | |
| | | | DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | B/D |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| DEXABLISS TBPK 1.5mg | 3 | |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg | 1 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 3 | |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml | 1 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 1 | |
| HEMADY TABS 20mg | 3 | PA |
| <i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg | 1 | |
| KENALOG-10 SUSP 10mg/ml | 3 | B/D |
| KENALOG-40 SUSP 40mg/ml | 3 | B/D |
| KENALOG-80 SUSP 80mg/ml | 3 | B/D |
| MEDROL TABS 2mg, 4mg, 8mg, 16mg | 3 | B/D |
| MEDROL DOSEPAK TBPK 4mg | 3 | |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg | 1 | B/D |
| <i>methylprednisolone</i> TABS 32mg | 1 | B/D |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg | 1 | |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg | 1 | B/D |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg | 1 | B/D |
| ORAPRED ODT TBPDP 10mg, 15mg, 30mg | 3 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| PEDIAPRED SOLN 6.7mg/5ml | 3 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg | 1 | B/D |
| <i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml | 1 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg | 1 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 3 | B/D |
| RAYOS TBEC 1mg, 2mg, 5mg | 4 | NDS B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| <i>taperdex 6-day</i> TBPK 1.5mg | 1 | |
| <i>taperdex 7-day</i> TBPK 1.5mg | 1 | |
| <i>taperdex 12-day</i> TBPK 1.5mg | 1 | |
| <i>triamcinolone acetate</i> (generic of KENALOG-40) SUSP 40mg/ml | 1 | B/D |
| ZILRETTA SRER 32mg | 3 | B/D NM |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI ONE PACK POWD 3mg/dose | 3 | |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml | 4 | NDS |
| <i>glucagon (rdna)</i> KIT 1mg | 1 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 4 | NDS |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------------|
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 2 | |
| MISCELLANEOUS | | |
| ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day) | 4 | NDS QL NM PA |
| ALDURAZYME SOLN 2.9mg/5ml | 4 | NDS NM PA |
| <i>betaine powder for oral solution (generic of CYSTADANE)</i> | 4 | NDS NM |
| BUPHENYL POWD 3gm/tsp; TABS 500mg | 4 | NDS NM PA |
| <i>cabergoline</i> TABS .5mg | 1 | |
| CARBAGLU TBSO 200mg | 4 | NDS NM PA |
| <i>carglumic acid (generic of CARBAGLU)</i> TBSO 200mg | 4 | NDS NM PA |
| CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 3 | B/D |
| CERDELGA CAPS 84mg | 4 | NDS NM PA |
| CEREZYME SOLR 400unit | 4 | NDS NM PA |
| CHORIONIC | 3 | NM PA |
| GONADOTROPIN SOLR 10000unit | | |
| <i>cinacalcet hcl (generic of SENSIPAR)</i> TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM |
| <i>cinacalcet hcl (generic of SENSIPAR)</i> TABS 90mg QL (120 tabs / 30 days) | 4 | NDS B/D QL NM |
| CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day) | 4 | NDS QL NM PA |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml | 4 | NDS NM PA |
| CYSTADANE POW | 4 | NDS NM |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM PA |
| DDAVP SOLN 4mcg/ml; TABS .2mg | 4 | NDS |
| DDAVP TABS .1mg | 3 | |
| <i>desmopressin acetate (generic of DDAVP)</i> SOLN 4mcg/ml | 4 | NDS |
| <i>desmopressin acetate (generic of DDAVP)</i> TABS .1mg, .2mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>desmopressin acetate spray SOLN .01%</i> | 1 | |
| <i>desmopressin acetate spray refrigerated SOLN .01%</i> | 1 | |
| DOJOLVI LIQD 100% | 4 | NDS NM PA |
| EGRIFTA SV SOLR 2mg | 4 | NDS NM PA |
| ELAPRASE SOLN 6mg/3ml | 4 | NDS NM PA |
| ELELYSO SOLR 200unit | 4 | NDS NM PA |
| ELFABRIO SOLN 20mg/10ml | 4 | NDS NM PA |
| EVISTA TABS 60mg | 3 | |
| FABRAZYME SOLR 5mg, 35mg | 4 | NDS NM PA |
| FENSOLVI KIT 45mg | 4 | NDS NM PA |
| GALAFOLD CAPS 123mg | 4 | NDS NM PA |
| GENOTROPIN CART 5mg, 12mg | 4 | NDS NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | NDS NM PA |
| HUMATROPE CART 6mg, 12mg, 24mg | 4 | NDS NM PA |
| INCRELEX SOLN 40mg/4ml | 4 | NDS NM PA |
| ISTURISA TABS 1mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ISTURISA TABS 5mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>javygtor (generic of KUVAN)</i> PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 4 | NDS NM PA |
| JYNARQUE PAK 30-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 45-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 60-30MG | 4 | NDS NM PA |
| JYNARQUE PAK 90-30MG | 4 | NDS NM PA |
| KANUMA SOLN 20mg/10ml | 4 | NDS NM PA |
| KORLYM TABS 300mg | 4 | NDS NM PA |
| KUVAN PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| LAMZEDE SOLR 10mg | 4 | NDS NM PA |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 | B/D |
| LUMIZYME SOLR 50mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg) | 4 | NDS NM PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg) | 4 | NDS NM PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg) | 4 | NDS NM PA |
| <i>methergine</i> TABS .2mg | 4 | NDS PA |
| <i>methylergonovine maleate</i> TABS .2mg | 4 | NDS PA |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg | 4 | NDS NM PA |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MYALEPT SOLR 11.3mg | 4 | NDS NM PA |
| MYCAPSSA CPDR 20mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| MYFEMBREE TAB | 4 | NDS PA |
| NAGLAZYME SOLN 1mg/ml | 4 | NDS NM PA |
| NEXVIAZYME SOLR 100mg | 4 | NDS NM PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml | 4 | NDS NM PA |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | 4 | NDS NM PA |
| NITYR TABS 2mg, 5mg, 10mg | 4 | NDS NM PA |
| NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 4 | NDS NM PA |
| NOVAREL SOLR 5000unit | 3 | NM PA |
| NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml | 4 | NDS NM PA |
| NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml | 4 | NDS NM PA |
| NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1 | NM PA |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml | 4 | NDS NM PA |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml | 4 | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm | 4 | NDS NM PA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 4 | NDS NM PA |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days) | 3 | QL NM PA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 4 | NDS NM PA |
| ORIAHNN CAP | 4 | NDS PA |
| ORLISSA TABS 150mg, 200mg | 4 | NDS PA |
| OSPHEA TABS 60mg | 3 | PA |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml | 4 | NDS NM PA |
| PHEBURANE PLLT 483mg/gm | 4 | NDS NM PA |
| POMBILITI SOLR 105mg | 4 | NDS NM PA |
| PREGNYL W/DILUENT BENZYL SOLR 10000unit | 3 | NM PA |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg | 4 | NDS NM PA |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg | 1 | |
| RAVICTI LIQD 1.1gm/ml | 4 | NDS NM PA |
| RECORLEV TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| REVCIVI SOLN 2.4mg/1.5ml | 4 | NDS NM PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SAMSCA TABS 15mg, 30mg | 4 | NDS NM PA |
| SANDOSTATIN SOLN 50mcg/ml | 3 | NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------------|
| SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml | 4 | NDS NM PA |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 4 | NDS NM PA |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| SENSIPAR TABS 30mg QL (60 tabs / 30 days) | 3 | B/D QL NM |
| SENSIPAR TABS 60mg QL (60 tabs / 30 days) | 4 | NDS B/D QL NM |
| SENSIPAR TABS 90mg QL (120 tabs / 30 days) | 4 | NDS B/D QL NM |
| SEROSTIM SOLR 4mg, 5mg, 6mg | 4 | NDS NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 4 | NDS NM PA |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg | 4 | NDS NM PA |
| SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 4 | NDS NM PA |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg | 4 | NDS NM PA |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | NDS NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 4 | NDS NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 4 | NDS NM PA |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml | 4 | NDS NM PA |
| SYNAREL SOLN 2mg/ml | 4 | NDS PA |
| TEPEZZA SOLR 500mg | 4 | NDS NM PA |
| <i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg | 4 | NDS NM PA |
| VEOZAH TABS 45mg | 3 | PA |
| VIJOICE PACK 50mg QL (28 packets / 28 days) | 4 | NDS QL NM PA |
| VIJOICE TBPk 50mg, 125mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| VIJOICE TAB 250MG QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VIMIZIM SOLN 5mg/5ml | 4 | NDS NM PA |
| VOXZOGO SOLR .4mg, .56mg, 1.2mg | 4 | NDS NM PA |
| VPRIV SOLR 400unit | 4 | NDS NM PA |
| XENPOZYME SOLR 4mg, 20mg | 4 | NDS NM PA |
| <i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ZAVESCA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ZOMACTON SOLR 5mg | 3 | NM PA |
| ZOMACTON SOLR 10mg | 4 | NDS NM PA |
| PROGESTINS | | |
| CRINONE GEL 4%, 8% | 3 | PA |
| <i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>megestrol acetate</i> SUSP 40mg/ml | 2 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 3 | PA |
| <i>norethindrone acetate</i> TABS 5mg | 1 | |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg | 1 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | |
| THYROID AGENTS | | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | |
| ERMEZA SOLN 150mcg/5ml | 3 | |
| <i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | ST |
| <i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg | 1 | ST |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |
| <i>methimazole</i> TABS 5mg, 10mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| THYQUIDITY SOLN 100mcg/5ml | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |
| <i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg | 1 | B/D |
| <i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml | 1 | B/D |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 1 | B/D |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 1 | B/D |
| <i>paricalcitol</i> CAPS 4mcg | 1 | B/D |
| RAYALDEE CPCR 30mcg | 4 | NDS |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 3 | B/D |
| ZEMPLAR CAPS 1mcg, 2mcg | 3 | B/D |
| GASTROINTESTINAL ANTIEMETICS | | |
| AKYNZEO CAP 300-0.5 | 3 | B/D |
| AKYNZEO INJ 235-0.25 | 3 | NM |
| AKYNZEO INJ 235-0.25MG/20ML | 3 | NM |
| ANTIVERT CHEW 25mg QL (120 tabs / 30 days) | 3 | QL PA |
| ANTIVERT TABS 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| APONVIE EMUL 32mg/4.4ml | 3 | |
| <i>aprepitant</i> CAPS 40mg, 125mg | 1 | B/D |
| <i>aprepitant</i> (generic of EMEND) CAPS 80mg | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | B/D |
| BONJESTA TAB 20-20MG | 3 | |
| CINVANTI EMUL 130mg/18ml | 3 | |
| <i>compro SUPP 25mg</i> | 1 | |
| DICLEGIS TAB 10-10MG | 3 | |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i> | 3 | |
| <i>dronabinol (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg</i> QL (60 caps / 30 days) | 1 | B/D QL |
| EMEND CAPS 80mg | 3 | B/D |
| EMEND SOLR 150mg | 3 | |
| EMEND SUSR 125mg/5ml | 4 | NDS B/D |
| EMEND TRIPAC PAK 80 & 125 | 3 | B/D |
| FOCINVEZ SOLN 150mg/50ml | 3 | |
| <i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i> | 1 | |
| GIMOTI SOLN 15mg/act | 4 | NDS PA |
| <i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i> | 1 | |
| <i>granisetron hcl TABS 1mg</i> | 1 | B/D |
| MARINOL CAPS 2.5mg QL (60 caps / 30 days) | 3 | B/D QL |
| <i>meclizine hcl TABS 12.5mg, 25mg</i> | 1 | |
| <i>meclizine hcl (generic of ANTIVERT) TABS 50mg</i> QL (60 tabs / 30 days) | 1 | QL PA |
| <i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg</i> | 1 | |
| <i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i> | 1 | |
| <i>ondansetron TBDP 4mg, 8mg</i> | 1 | B/D |
| <i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i> | 1 | |
| <i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg</i> | 1 | B/D |
| <i>palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------|
| PALONOSETRON HYDROCHLORID SOLN .25mg/2ml | 3 | |
| PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | PA |
| <i>prochlorperazine SUPP 25mg</i> | 1 | |
| <i>prochlorperazine edisylate SOLN 10mg/2ml</i> | 1 | |
| <i>prochlorperazine maleate TABS 5mg, 10mg</i> | 1 | |
| <i>promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | PA |
| <i>promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml</i> PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | PA |
| <i>promethazine hcl SUPP 12.5mg, 25mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | PA |
| <i>promethegan SUPP 12.5mg, 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | PA |
| REGLAN TABS 5mg, 10mg | 3 | |
| <i>scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days</i> QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| SUSTOL PRSY 10mg/0.4ml | 3 | |
| SYNDROS SOLN 5mg/ml QL (120 mL / 30 days) | 4 | NDS B/D QL |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>trimethobenzamide hcl</i> CAPS 300mg | 1 | |
| VARUBI TBPB 90mg | 3 | B/D NM |
| ANTISPASMODICS | | |
| <i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml | 3 | |
| <i>atropine sulfate</i> SOSY .25mg/5ml | 3 | |
| ATROPINE SULFATE .25mg/5ml, 1mg/10ml | SOSY 3 | |
| BENTYL SOLN 10mg/ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg | 2 | |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml | 3 | |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml | 3 | |
| GLYCATE TABS 1.5mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml | 1 | |
| GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| <i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml | 1 | |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older | 3 | PA |
| ROBINUL TABS 1mg QL (90 tabs / 30 days) | 3 | QL PA |
| ROBINUL FORTE TABS 2mg QL (120 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| <i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days) | 1 | QL |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml | 1 | |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg | 1 | |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 1 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 1 | |
| PEPCID TABS 20mg, 40mg | 3 | |
| INFLAMMATORY BOWEL DISEASE | | |
| APRISO CP24 .375gm QL (120 caps / 30 days) | 3 | QL |
| AZULFIDINE TABS 500mg | 3 | |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg | 1 | |
| <i>budesonide</i> CPEP 3mg QL (90 caps / 30 days) | 1 | QL PA |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg | 1 | |
| CANASA SUPP 1000mg QL (30 suppositories / 30 days) | 4 | NDS QL |
| COLAZAL CAPS 750mg | 4 | NDS |
| CORTENEMA ENEM 100mg/60ml | 3 | |
| DELZICOL CPDR 400mg QL (180 caps / 30 days) | 3 | QL |
| DIPENTUM CAPS 250mg | 4 | NDS |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml | 1 | |
| LIALDA TBEC 1.2gm QL (120 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days) | 1 | QL |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days) | 1 | QL |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days) | 1 | QL |
| <i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days) | 1 | QL |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days) | 1 | QL |
| PENTASA CPCR 250mg QL (480 caps / 30 days) | 3 | QL |
| PENTASA CPCR 500mg QL (240 caps / 30 days) | 4 | NDS QL |
| ROWASA KIT 4gm QL (28 bottles / 28 days) | 4 | NDS QL |
| SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days) | 4 | NDS QL |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg | 1 | |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 | |
| UCERIS FOAM 2mg/act | 3 | |
| UCERIS TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| LAXATIVES | | |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML | 3 | |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML | 3 | |
| <i>constulose</i> SOLN 10gm/15ml | 1 | |
| <i>enulose</i> SOLN 10gm/15ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>gavilyte-c</i> | 1 | |
| <i>gavilyte-g</i> (generic of GOLYTELY) | 1 | |
| <i>generlac</i> SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 3 | |
| KRISTALOSE PACK 10gm QL (30 packets / 30 days) | 3 | QL PA |
| KRISTALOSE PACK 20gm QL (60 packets / 30 days) | 3 | QL PA |
| LACTULOSE PACK 10gm QL (30 packets / 30 days) | 4 | NDS QL PA |
| <i>lactulose</i> SOLN 10gm/15ml | 1 | |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 1 | |
| MOVIPREP SOL | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY) | 1 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| <i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP) | 1 | |
| PLENVU SOL | 3 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT) | 1 | |
| SUFLAVE SOL | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | |
| SUTAB TAB | 3 | |
| MISCELLANEOUS | | |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days) | 1 | QL PA |
| AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 3 | QL |
| <i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)</i> | 1 | |
| BYLVAY CAPS 400mcg, 1200mcg | 4 | NDS NM PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg | 4 | NDS NM PA |
| CARAFATE SUSP 1gm/10ml QL (1200 mL / 30 days) | 3 | QL PA |
| CARAFATE TABS 1gm | 3 | |
| CHOLBAM CAPS 50mg, 250mg | 4 | NDS NM PA |
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| <i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i> | 1 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 3 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i> | 2 | |
| EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days) | 4 | NDS QL PA |
| GASTROCROM CONC 100mg/5ml | 4 | NDS |
| GATTEX KIT 5mg | 4 | NDS NM PA |
| HELIDAC MIS THERAPY | 4 | NDS |
| IBSRELA TABS 50mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | 2 | QL |
| LIVMARLI SOLN 9.5mg/ml | 4 | NDS NM PA |
| LOMOTIL TAB 2.5MG | 3 | |
| <i>loperamide hcl CAPS 2mg</i> | 1 | |
| LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)</i> | 1 | QL |
| <i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i> | 1 | |
| MOTEGRITY TABS 1mg, 2mg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PANCREAZE CAP 2600UNIT | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PANCREAZE CAP 37000 | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |
| PERTZYE CAP 8000UNIT | 3 | |
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| PYLERA CAP | 3 | |
| REBYOTA SUSP 150ml QL (150 mL / 30 days) | 4 | NDS QL NM PA |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days) | 4 | NDS QL PA |
| RELISTOR TABS 150mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RELTONE CAPS 200mg, 400mg | 4 | NDS PA |
| SUCRAID SOLN 8500unit/ml | 4 | NDS NM PA |
| <i>sucralfate (generic of CARAFATE) SUSP 1gm/10ml QL (1200 mL / 30 days)</i> | 1 | QL PA |
| <i>sucralfate (generic of CARAFATE) TABS 1gm</i> | 1 | |
| SYMPROIC TABS .2mg QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| TALICIA CAP | 3 | |
| TRULANCE TABS 3mg QL (30 tabs / 30 days) | 3 | QL |
| URSO 250 TABS 250mg | 3 | |
| URSO FORTE TABS 500mg | 3 | |
| URSODIOL CAPS 200mg, 400mg | 4 | NDS PA |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg | 1 | |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg | 1 | |
| VIBERZI TABS 75mg, 100mg | 4 | NDS PA |
| VIOKACE TAB 10440 | 3 | |
| VIOKACE TAB 20880 | 4 | NDS |
| VOQUEZNA PAK DUAL PAK QL (2 kits / year) | 3 | QL |
| VOQUEZNA PAK TRIP PK QL (2 kits / year) | 3 | QL |
| VOWST CAP QL (12 caps / 30 days) | 4 | NDS QL NM PA |
| XERMELO TABS 250mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| XIFAXAN TABS 550mg | 4 | NDS PA |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNIT | 2 | |
| ZENPEP CAP 15000UNIT | 2 | |
| ZENPEP CAP 20000UNIT | 2 | |
| ZENPEP CAP 25000UNIT | 2 | |
| ZENPEP CAP 40000UNIT | 2 | |
| ZENPEP CAP 60000UNIT | 2 | |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX TBEC 20mg QL (30 tabs / 30 days) | 3 | QL |
| DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days) | 3 | QL |
| <i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days) | 1 | QL |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days) | 1 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 1 | QL |
| <i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg | 1 | |
| KONVOMEF SUS 2-84/ML QL (600 mL / 30 days) | 3 | QL PA |
| <i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days) | 1 | QL |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days) | 1 | QL |
| <i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days) | 1 | QL ST |
| NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days) | 3 | QL ST |
| NEXIUM PACK 2.5mg, 5mg | 3 | |
| NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 3 | QL |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | |
| <i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> (generic of ZEGERID) QL (30 caps / 30 days) | 4 | NDS QL PA |
| <i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> (generic of ZEGERID) QL (30 caps / 30 days) | 4 | NDS QL PA |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> (generic of ZEGERID) QL (30 packets / 30 days) | 4 | NDS QL PA |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> (generic of ZEGERID) QL (30 packets / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days) | 1 | QL ST |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg | 1 | |
| PREVACID CPDR 30mg QL (60 caps / 30 days) | 3 | QL |
| PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days) | 3 | QL ST |
| PRILOSEC PACK 2.5mg, 10mg | 3 | PA |
| PROTONIX PACK 40mg QL (30 packets / 30 days) | 3 | QL ST |
| PROTONIX SOLR 40mg; TBEC 20mg, 40mg | 3 | |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days) | 1 | QL |
| VOQUEZNA TABS 10mg QL (30 tabs / 30 days) | 3 | QL |
| VOQUEZNA TABS 20mg QL (60 tabs / 30 days) | 3 | QL |
| ZEGERID CAP 20-1100 QL (30 caps / 30 days) | 4 | NDS QL PA |
| ZEGERID CAP 40-1100 QL (30 caps / 30 days) | 4 | NDS QL PA |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days) | 1 | QL |
| AVODART CAPS .5mg QL (30 caps / 30 days) | 3 | QL |
| CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL ST |
| CIALIS TABS 5mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days) | 1 | QL |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| ENTADFI CAP 5-5MG QL (30 caps / 30 days) | 3 | QL PA |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| FLOMAX CAPS .4mg QL (60 caps / 30 days) | 3 | QL |
| PROSCAR TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days) | 3 | QL |
| <i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days) | 1 | QL |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days) | 1 | QL |
| UROXATRAL TB24 10mg QL (30 tabs / 30 days) | 3 | QL |
| MISCELLANEOUS | | |
| <i>acetic acid</i> SOLN .25% | 1 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| ELMIRON CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL |
| FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| INTRAROSA INST 6.5mg | 3 | PA |
| LITHOSTAT TABS 250mg | 3 | |
| <i>neomycin-polymyxin b gu irrigation soln</i> | 1 | |
| OXLUMO SOLN 94.5mg/0.5ml | 4 | NDS NM PA |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq | 1 | |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg | 1 | |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg | 1 | |
| RIMSO-50 SOLN 50% | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|--------|
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml | 4 | NDS NM PA | <i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL |
| TARPEYO CPDR 4mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days) | 3 | QL ST |
| THIOLA TABS 100mg | 4 | NDS NM | <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| THIOLA EC TBEC 100mg, 300mg | 4 | NDS NM | <i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days) | 1 | QL ST |
| <i>tiopronin</i> (generic of THIOLA) TABS 100mg | 4 | NDS NM | <i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days) | 1 | QL |
| <i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg | 4 | NDS NM | TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL |
| UROCIT-K 5 TBCR 540mg | 3 | | <i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days) | 1 | QL |
| UROCIT-K 10 TBCR 1080mg | 3 | | <i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| UROCIT-K 15 TBCR 15meq | 3 | | VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days) | 3 | QL |
| URINARY ANTISPASMODICS | | | VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days) | 3 | QL |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days) | 1 | QL ST | VAGINAL ANTI-INFECTIVES | | |
| DETROL TABS 1mg, 2mg QL (60 tabs / 30 days) | 3 | QL | CLEOCIN CREA 2%; SUPP 100mg | 3 | |
| DETROL LA CP24 2mg, 4mg QL (30 caps / 30 days) | 3 | QL ST | <i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2% | 1 | |
| <i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days) | 1 | QL | CLINDESSE CREA 2% | 3 | |
| GELNIQUE GEL 10% QL (30 gm / 30 days) | 3 | QL ST | GYNAZOLE-1 CREA 2% | 3 | |
| GEMTESA TABS 75mg QL (30 tabs / 30 days) | 3 | QL | <i>metronidazole vaginal</i> GEL .75% | 1 | |
| MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days) | 3 | QL | <i>miconazole 3</i> SUPP 200mg | 1 | |
| MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days) | 3 | QL | NUVESSA GEL 1.3% | 3 | |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days) | 1 | QL | <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 1 | |
| <i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days) | 1 | QL | VANAZOLE GEL .75% | 3 | |
| <i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days) | 1 | QL | XACIATO GEL 2% | 3 | |
| <i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days) | 1 | QL | HEMATOLOGIC ANTICOAGULANTS | | |
| | | | ARIXTRA SOLN 2.5mg/0.5ml | 3 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|-----------|
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS | HEP SOD/NACL INJ 12500UNT | 2 | |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days) | 1 | QL | HEP SOD/NACL INJ 25000UNT | 2 | |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days) | 1 | QL | HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days) | 1 | QL | <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| ELIQUIS TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL | HEPARIN/NACL INJ 25000UNT | 2 | |
| ELIQUIS TABS 5mg QL (74 tabs / 30 days) | 2 | QL | <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days) | 2 | QL | LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml | 3 | |
| <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | | LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | NDS |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml | 1 | | PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days) | 3 | QL |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS | PRADAXA CAPS 110mg QL (120 caps / 30 days) | 3 | QL |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml | 3 | | PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days) | 4 | NDS QL PA |
| FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 4 | NDS | PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days) | 4 | NDS QL PA |
| HEP SOD/D5W INJ 20000UNT | 3 | | <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| HEP SOD/D5W INJ 25000UNT | 3 | | XARELTO SUSR 1mg/ml QL (620 mL / 30 days) | 2 | QL |
| | | | XARELTO TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL |
| | | | XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days) | 2 | QL |
| HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml | 2 | NM PA |
| ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml | 4 | NDS NM PA |
| EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM PA |
| EPOGEN SOLN 20000unit/ml | 4 | NDS NM PA |
| FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| LEUKINE SOLR 250mcg | 4 | NDS NM PA |
| MOZOBIL SOLN 24mg/1.2ml | 4 | NDS NM PA |
| NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| NEULASTA ONPRO KIT PSKT 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| NPLATE SOLR 125mcg, 250mcg, 500mcg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| <i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml | 4 | NDS NM PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | NM PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 4 | NDS NM PA |
| RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml | 3 | NM PA |
| RETACRIT SOLN 40000unit/ml | 4 | NDS NM PA |
| ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| XOLREMDI CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| MISCELLANEOUS | | |
| ADAKVEO SOLN 100mg/10ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| ADZYNMA KIT 500unit, 1500unit | 4 | NDS NM PA |
| AGRYLIN CAPS .5mg | 3 | |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg | 4 | NDS |
| <i>anagrelide hcl</i> CAPS 1mg | 1 | |
| <i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg | 1 | |
| BERINERT KIT 500unit QL (24 boxes / 30 days) | 4 | NDS QL NM PA |
| CABLIVI KIT 11mg | 4 | NDS NM PA |
| <i>cilostazol</i> TABS 50mg, 100mg | 1 | |
| CINRYZE SOLR 500unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| DOPTELET TABS 20mg | 4 | NDS NM PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 2 | |
| EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days) | 4 | NDS QL NM PA |
| ENDARI PACK 5gm | 4 | NDS NM PA |
| ENJAYMO SOLN 1100mg/22ml | 4 | NDS NM PA |
| FABHALTA CAPS 200mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| GIVLAARI SOLN 189mg/ml | 4 | NDS NM PA |
| HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | 4 | NDS QL NM PA |
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| <i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| KALBITOR SOLN 10mg/ml QL (18 mL / 30 days) | 4 | NDS QL NM PA |
| <i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| MULPLETA TABS 3mg | 4 | NDS NM PA |
| ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| OXBRYTA TABS 300mg, 500mg; TBSO 300mg | 4 | NDS NM PA |
| <i>pentoxifylline</i> TBCR 400mg | 1 | |
| PROMACTA PACK 12.5mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA PACK 25mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days) | 4 | NDS QL NM PA |
| REBLOZYL SOLR 25mg, 75mg | 4 | NDS NM PA |
| RUCONEST SOLR 2100unit QL (12 vials / 30 days) | 4 | NDS QL NM PA |
| <i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| SIKLOS TABS 100mg | 3 | |
| SIKLOS TABS 1000mg | 4 | NDS |
| SOLIRIS SOLN 300mg/30ml | 4 | NDS NM PA |
| TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days) | 4 | NDS QL NM PA |
| TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| TAVNEOS CAPS 10mg QL (180 caps / 30 days) | 4 | NDS QL NM PA | ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml | 1 | | ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days) | 4 | NDS QL NM PA |
| <i>tranexamic acid</i> TABS 650mg | 1 | | ADBRY SOSY 150mg/ml QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| <i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH) | 1 | | AVSOLA SOLR 100mg | 4 | NDS NM PA |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml | 4 | NDS NM PA | BIMZELX SOAJ 160mg/ml QL (2 auto-injectors / 28 days) | 4 | NDS QL NM PA |
| VOYDEYA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA | BIMZELX SOSY 160mg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| VOYDEYA TAB 50-100MG QL (180 tabs / 30 days) | 4 | NDS QL NM PA | CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA | CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days) | 4 | NDS QL NM PA |
| PLATELET AGGREGATION INHIBITORS | | | CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year) | 4 | NDS QL NM PA |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg | 1 | | COSENTYX SOLN 125mg/5ml | 4 | NDS NM PA |
| BRILINTA TABS 60mg, 90mg | 2 | | COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days) | 4 | NDS QL NM PA |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg | 1 | | COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days) | 4 | NDS QL NM PA |
| <i>clopidogrel bisulfate</i> TABS 300mg | 1 | | COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days) | 4 | NDS QL NM PA |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older | 2 | PA | COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days) | 4 | NDS QL NM PA |
| EFFIENT TABS 5mg, 10mg | 3 | | DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| PLAVIX TABS 75mg | 3 | | | | |
| <i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg | 1 | | | | |
| ZONTIVITY TABS 2.08mg | 3 | | | | |
| IMMUNOLOGIC AGENTS | | | | | |
| AUTOIMMUNE AGENTS | | | | | |
| ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA | | | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| DUPIXENT SOSY 100mg/0.67ml | 4 | NDS NM PA | IDACIO (2 SYRINGE) 40mg/0.8ml | 4 | NDS QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA | QL (56 syringes / 365 days) | | |
| ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days) | 4 | NDS QL NM PA | IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year) | 4 | NDS QL NM PA |
| ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days) | 4 | NDS QL NM PA | IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year) | 4 | NDS QL NM PA |
| ENBREL SOSY 50mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA | ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA |
| ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days) | 4 | NDS QL NM PA | INFLECTRA SOLR 100mg | 4 | NDS NM PA |
| ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA | INFLIXIMAB SOLR 100mg | 4 | NDS NM PA |
| HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA | KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA | KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | 4 | NDS QL NM PA | LITFULO CAPS 50mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA | OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| HUMIRA PEN KIT PS/UV QL (3 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOLN 300mg/15ml | 4 | NDS NM PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOSY 100mg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days) | 4 | NDS QL NM PA | ORENCIA SOLR 250mg | 4 | NDS NM PA |
| | | | ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|--|----------------------------|-----------------|
| ORENCIA CLICKJECT 125mg/ml QL (4 autoinjectors / 28 days) | SOAJ 4 | NDS QL NM PA | SPEVIGO SOLN 150mg/ml QL (28 syringes / 365 days) | 4 | NDS QL NM PA |
| OTEZLA TABS 30mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20/30 QL (110 tabs / year) | 4 | NDS QL NM PA | STELARA SOLN 130mg/26ml | 4 | NDS NM PA |
| REMICADE SOLR 100mg | 4 | NDS NM PA | STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| RENFLEXIS SOLR 100mg | 4 | NDS NM PA | TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 45mg QL (168 tabs / year) | 4 | NDS QL NM PA | TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA | TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA | VELSIPITY TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA | XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days) | 4 | NDS QL NM PA | XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA | XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA | DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| SIMPONI ARIA SOLN 50mg/4ml | 4 | NDS NM PA | ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days) | 4 | NDS QL |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days) | 4 | NDS QL NM PA | <i>hydroxychloroquine sulfate</i> TABs 100mg, 300mg, 400mg | 1 | |
| SKYRIZI SOLN 600mg/10ml | 4 | NDS NM PA | <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg | 1 | |
| SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA | JYLAMVO SOLN 2mg/ml | 3 | B/D |
| SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | 4 | NDS QL NM PA | <i>leflunomide</i> (generic of ARAVA) TABs 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| SOTYKTU TABS 6mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | <i>methotrexate sodium</i> TABs 2.5mg | 1 | |
| SPEVIGO SOLN 450mg/7.5ml | 4 | NDS NM PA | | | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------|
| OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml | 3 | NM PA |
| PLAQUENIL TABS 200mg | 3 | |
| RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml | 3 | NM PA |
| SOVUNA TABS 200mg, 300mg | 3 | |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| XATMEP SOLN 2.5mg/ml | 3 | B/D |
| IMMUNOGLOBULINS | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 4 | NDS NM PA |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 4 | NDS NM PA |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 4 | NDS NM PA |
| CYTOGAM INJ 50mg/ml | 4 | NDS B/D NM |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| GAMASTAN INJ | 3 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 4 | NDS NM PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| HEPAGAM B SOLN 312unit/ml | 4 | NDS B/D NM |
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml | 4 | NDS NM PA |
| HYQVIA INJ 2.5-200 | 4 | NDS NM PA |
| HYQVIA INJ 5-400 | 4 | NDS NM PA |
| HYQVIA INJ 10-800 | 4 | NDS NM PA |
| HYQVIA INJ 20-1600 | 4 | NDS NM PA |
| HYQVIA INJ 30-2400 | 4 | NDS NM PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | NDS NM PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 4 | NDS NM PA |
| ARCALYST SOLR 220mg | 4 | NDS NM PA |
| GRASTEK SUBL 2800bau | 3 | PA |
| ILARIS SOLN 150mg/ml | 4 | NDS NM PA |
| JOENJA TABS 70mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ODACTRA SUB | 3 | PA |
| ORALAIR SUB 300 IR | 3 | NM PA |
| PALFORZIA CAP ESCALAT | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 3 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 7 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 8 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 10 | 4 | NDS NM PA |
| PALFORZIA LEVEL 1 CSPK 1mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| PALFORZIA LEVEL 2 CSPK 1mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 4 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 5 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 6 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 9 CSPK 100mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 11 (MAINT PACK 300mg) | 4 | NDS NM PA |
| PALFORZIA LEVEL 11 (TITRA PACK 300mg) | 4 | NDS NM PA |
| RAGWITEK SUBL 12amba1-u | 3 | PA |
| RYSTIGGO SOLN 280mg/2ml | 4 | NDS NM PA |
| VYVGART SOLN 400mg/20ml | 4 | NDS NM PA |
| VYVGART INJ HYTRULO | 4 | NDS NM PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 5mg | 4 | NDS B/D NM |
| ASTAGRAF XL CP24 .5mg, 1mg | 3 | B/D NM |
| ATGAM INJ 50mg/ml | 4 | NDS B/D |
| azasan TABS 75mg, 100mg | 1 | B/D |
| azathioprine (generic of IMURAN) TABS 50mg | 1 | B/D |
| azathioprine TABS 75mg, 100mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| BENLYSTA SOLR 120mg, 400mg | 4 | NDS NM PA |
| CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 4 | NDS B/D NM |
| cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg | 1 | B/D NM |
| cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| cyclosporine modified (for microemulsion) CAPS 50mg | 1 | B/D NM |
| ENVARBUS XR TB24 4mg | 4 | NDS B/D NM |
| ENVARBUS XR TB24 .75mg, 1mg | 3 | B/D NM |
| everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D NM |
| IMURAN TABS 50mg | 3 | B/D |
| LUPKYNIS CAPS 7.9mg | 4 | NDS NM PA |
| mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg | 1 | B/D NM |
| mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml | 4 | NDS B/D NM |
| mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg | 1 | B/D NM |
| MYFORTIC TBEC 180mg | 3 | B/D NM |
| MYFORTIC TBEC 360mg | 4 | NDS B/D NM |
| MYHIBBIN SUSP 200mg/ml | 4 | NDS B/D NM |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D NM |
| NULOJIX SOLR 250mg | 4 | NDS B/D NM |
| PROGRAF CAPS 5mg | 4 | NDS B/D NM |
| PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg | 3 | B/D NM |
| RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg | 4 | NDS B/D NM |
| REZUROCK TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml | 3 | B/D NM |
| SANDIMMUNE CAPS 100mg | 4 | NDS B/D NM |
| SAPHNELO SOLN 300mg/2ml | 4 | NDS NM PA |
| sirolimus (generic of RAPAMUNE) SOLN 1mg/ml | 4 | NDS B/D NM |
| sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg | 1 | B/D NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------|
| <i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | 1 | B/D NM |
| ZORTRESS TABS .25mg, .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| VACCINES | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO INJ | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| DENGVAXIA SUS | 1 | |
| DIP/TET PED INJ 25-5LFU | 1 | B/D |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 INJ | 1 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXCHIQ INJ | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENACTRA INJ | 1 | |
| MENQUADFI INJ | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |
| PENTACEL INJ | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| PREHEVBRIO SUSP 10mcg/ml | 1 | B/D |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime) | 1 | QL |
| TDVAX INJ 2-2 LF | 1 | B/D |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA INJ | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX INJ 1350pfu/0.5ml | 1 | |
| YF-VAX INJ | 1 | |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES/MINERALS, INJECTABLE | | |
| D2.5W/NAACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D10W/NAACL INJ 0.2% | 2 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO) | 1 | |
| <i>dextrose 5% in lactated ringers</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 1 | |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/SODIUM CHLORI) | 1 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 1 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 1 |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE) | 1 |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 1 |
| ISOLYTE-P INJ /D5W | 3 |
| ISOLYTE-S INJ | 3 |
| ISOLYTE-S INJ PH 7.4 | 3 |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 1 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 1 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 1 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 1 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 1 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%) | 1 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 1 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| KCL/D5W/LACT INJ 20MEQ/L | 3 |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 |
| <i>lactated ringer's solution</i> | 1 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 2 |
| <i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 2 |
| <i>magnesium sulfate</i> SOLN 50% | 2 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W) | 2 |
| MG SO4/D5W INJ 10MG/ML | 2 |
| <i>multiple electrolytes ph 5.5</i> | 1 |
| <i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A) | 1 |
| PLASMA-LYTE INJ -148 | 3 |
| PLASMA-LYTE INJ -A | 3 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 3 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 3 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 3 |
| <i>potassium chloride</i> SOLN 2meq/ml | 1 |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 |
| <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1 |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 1 |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 1 |
| TPN ELECTROL INJ | 3 B/D |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| <i>klor-con</i> PACK 20meq | 1 | |
| <i>klor-con 8</i> TBCR 8meq | 1 | |
| <i>klor-con 10</i> TBCR 10meq | 1 | |
| <i>klor-con m10</i> TBCR 10meq | 1 | |
| <i>klor-con m15</i> TBCR 15meq | 1 | |
| <i>klor-con m20</i> TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 2 | |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq | 1 | |
| <i>potassium chloride</i> (generic of K-TAB) TBCR 20meq | 1 | |
| <i>potassium chloride</i> <i>microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 2 | |
| PRENATAL TAB PLUS | 2 | |
| <i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i> | 1 | |
| WESTAB PLUS TAB 27-1MG | 2 | |
| IV NUTRITION | | |
| CLINIMIX E INJ 2.75/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D10 | 3 | B/D |
| CLINIMIX E INJ 5%/D15W | 3 | B/D |
| CLINIMIX E INJ 5%/D20W | 3 | B/D |
| CLINIMIX E INJ 8/10 | 3 | B/D |
| CLINIMIX E INJ 8/14 | 3 | B/D |
| CLINIMIX INJ 4.25/D5W | 3 | B/D |
| CLINIMIX INJ 4.25/D10 | 3 | B/D |
| CLINIMIX INJ 5%/D15W | 3 | B/D |
| CLINIMIX INJ 5%/D20W | 3 | B/D |
| CLINIMIX INJ 6/5 | 3 | B/D |
| CLINIMIX INJ 8/10 | 3 | B/D |
| CLINIMIX INJ 8/14 | 3 | B/D |
| <i>clinisol sf 15%</i> | 1 | B/D |
| CLINOLIPID EMU 20% | 3 | B/D |
| <i>dextrose</i> SOLN 5%, 10% | 1 | |
| <i>dextrose</i> SOLN 50%, 70% | 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D |
| KABIVEN EMU | 4 | NDS B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| NUTRILIPID EMUL 20gm/100ml | 3 | B/D |
| <i>plenamine</i> | 1 | B/D |
| PREMASOL SOL 10% | 4 | NDS B/D |
| PROSOL INJ 20% | 3 | B/D |
| SMOFLIPID EMU | 3 | B/D |
| TRAVASOL INJ 10% | 3 | B/D |
| TROPHAMINE INJ 10% | 3 | B/D |
| OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i> | 1 | |
| MAXITROL OIN 0.1% OP | 3 | |
| MAXITROL SUS 0.1% OP | 3 | |
| <i>neo-polycin hc ophth oint 1%</i> | 1 | |
| <i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i> | 1 | |
| <i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i> | 1 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 1 | |
| <i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i> | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 1 | |
| ZYLET SUS 0.5-0.3% | 2 | |
| ANTI-INFECTIVES | | |
| AZASITE SOLN 1% | 3 | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 1 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 1 | |
| BESIVANCE SUSP .6% | 2 | |
| CILOXAN OINT .3% | 2 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 1 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 1 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 1 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 1 | |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>levofloxacin (ophth)</i> SOLN 1.5% | 1 | |
| <i>moxifloxacin hcl (ophth)</i> SOLN .5% | 1 | QL |
| QL (12 mL / 30 days) | | |
| <i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5% | 1 | QL |
| QL (12 mL / 30 days) | | |
| NATACYN SUSP 5% | 3 | |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 | |
| OCUFLOX SOLN .3% | 3 | |
| <i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3% | 1 | |
| <i>polycin ophth oint</i> | 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10% | 1 | |
| <i>tobramycin (ophth)</i> SOLN .3% | 1 | |
| TOBREX OINT .3% | 3 | |
| <i>trifluridine</i> SOLN 1% | 1 | |
| VIGAMOX SOLN .5% | 3 | QL |
| QL (12 mL / 30 days) | | |
| XDEMVY SOLN .25% | 4 | NDS NM PA |
| ZIRGAN GEL .15% | 3 | |
| ANTI-INFLAMMATORIES | | |
| ACULAR SOLN .5% | 3 | |
| ACULAR LS SOLN .4% | 3 | |
| ACUVAIL SOLN .45% | 3 | |
| ALREX SUSP .2% | 3 | |
| <i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07% | 1 | |
| <i>bromfenac sodium (ophth)</i> SOLN .09% | 1 | |
| <i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| BROMSITE SOLN .075% | 3 | |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 1 | |
| DEXYCU SUSP 9% | 3 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 1 | |
| <i>difluprednate</i> (generic of DUREZOL) EMUL .05% | 1 | |
| DUREZOL EMUL .05% | 3 | |
| FLAREX SUSP .1% | 3 | |
| <i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1% | 1 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 1 | |
| FML FORTE SUSP .25% | 3 | |
| FML LIQUIFILM SUSP .1% | 3 | |
| ILEVRO SUSP .3% | 3 | |
| INVELTYS SUSP 1% | 3 | |
| <i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4% | 1 | |
| <i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5% | 1 | |
| LOTEMAX GEL .5%; SUSP .5% | 3 | |
| LOTEMAX OINT .5% | 2 | |
| LOTEMAX SM GEL .38% | 2 | |
| <i>loteprednol etabonate</i> (generic of LOTEKMAX) GEL .5%; SUSP .5% | 1 | |
| <i>loteprednol etabonate</i> (generic of ALREX) SUSP .2% | 1 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 3 | |
| PRED FORTE SUSP 1% | 3 | |
| PRED MILD SUSP .12% | 3 | |
| <i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| PROLENSA SOLN .07% | 3 | |
| XIPERE SUSP 40mg/ml | 3 | NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| YUTIQ IMPL .18mg | 4 | NDS NM |
| ANTIALLERGICS | | |
| ALOMIDE SOLN .1% | 3 | |
| azelastine hcl (ophth) SOLN .05% | 1 | |
| bepotastine besilate (generic of BEPREVE) SOLN 1.5% | 1 | |
| BEPREVE SOLN 1.5% | 3 | |
| cromolyn sodium (ophth) SOLN 4% | 1 | |
| epinastine hcl (ophth) SOLN .05% | 1 | |
| ZERVIATE SOLN .24% | 3 | |
| ANTIGLAUCOMA | | |
| ALPHAGAN P SOLN .1%, .15% | 3 | |
| AZOPT SUSP 1% | 3 | |
| betaxolol hcl (ophth) SOLN .5% | 1 | |
| BETIMOL SOLN .25%, .5% | 3 | |
| BETOPTIC-S SUSP .25% | 3 | |
| bimatoprost SOLN .03% | 1 | |
| brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15% | 1 | |
| brimonidine tartrate SOLN .2% | 1 | |
| brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN) | 1 | |
| brinzolamide (generic of AZOPT) SUSP 1% | 1 | |
| carteolol hcl (ophth) SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| COSOPT PF SOL 2%-0.5% | 3 | |
| COSOPT SOL 2-0.5%OP | 3 | |
| dorzolamide hcl SOLN 2% | 1 | |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT) | 1 | |
| dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF) | 1 | |
| ISTALOL SOLN .5% | 3 | |
| IYUZEH SOLN .005% | 3 | ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| latanoprost (generic of XALATAN) SOLN .005% | 1 | |
| levobunolol hcl SOLN .5% | 1 | |
| LUMIGAN SOLN .01% | 2 | |
| PHOSPHOLINE IODIDE SOLR .125% | 4 | NDS NM |
| pilocarpine hcl SOLN 1%, 2%, 4% | 1 | |
| RHOPRESSA SOLN .02% | 2 | |
| ROCKLATAN DRO | 2 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| tafluprost (generic of ZIOPTAN) SOLN .015mg/ml | 1 | |
| timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5% | 1 | |
| timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1 | |
| TIMOPTIC OCUDOSE SOLN .25%, .5% | 3 | |
| TRAVATAN Z SOLN .004% | 3 | |
| travoprost (generic of TRAVATAN Z) SOLN .004% | 1 | |
| VYZULTA SOLN .024% | 3 | |
| XALATAN SOLN .005% | 3 | |
| XELPROS EMUL .005% | 3 | ST |
| ZIOPTAN SOLN .015mg/ml | 3 | ST |
| MISCELLANEOUS | | |
| ATROPINE SULFATE SOLN 1% | 2 | |
| atropine sulfate (ophthalmic) SOLN 1% | 1 | |
| BEOVU SOSY 6mg/0.05ml | 4 | NDS NM PA |
| BYOOVIZ SOLN .5mg/0.05ml | 4 | NDS NM PA |
| CEQUA SOLN .09% | 3 | QL PA |
| QL (60 single use vials / 30 days) | | |
| CIMERLI SOLN .3mg/0.05ml | 3 | NM PA |
| CIMERLI SOLN .5mg/0.05ml | 4 | NDS NM PA |
| CYSTADROPS SOLN .37% | 4 | NDS NM PA |
| CYSTARAN SOLN .44% | 4 | NDS NM PA |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| EYLEA HD SOLN 8mg/0.07ml | 4 | NDS NM PA |
| EYSUVIS SUSP .25% | 3 | |
| IZERVAY SOLN 2mg/0.1ml | 4 | NDS NM PA |
| LACRISERT INST 5mg | 3 | |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml | 4 | NDS NM PA |
| MIEBO SOLN 1.338gm/ml | 2 | |
| OXERVATE SOLN .002% QL (112 mL / year) | 4 | NDS QL NM PA |
| <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| SUSVIMO SOLN 10mg/0.1ml | 4 | NDS NM PA |
| SYFOVRE SOLN 15mg/0.1ml | 4 | NDS NM PA |
| TYRVAYA SOLN .03mg/act | 3 | PA |
| VABYSMO SOLN 6mg/0.05ml | 4 | NDS NM PA |
| VERKAZIA EMUL .1% QL (120 single use vials / 30 days) | 4 | NDS QL PA |
| VEVYE SOLN .1% | 4 | NDS PA |
| XIIDRA SOLN 5% | 2 | |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid (otic)</i> SOLN 2% | 1 | |
| CETRAXAL SOLN .2% | 3 | |
| CIPRO HC SUS OTIC | 3 | |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2% | 1 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 1 | |
| <i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3- 0.025%</i> | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| DERMOTIC OIL .01% | 3 | |
| <i>flac</i> (generic of DERMOTIC) OIL .01% | 1 | |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (generic of HYDROCORTISONE/ACETIC ACI) | 1 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i> | 1 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 1 | |
| OTOVEL DRO | 3 | |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days) | 2 | QL |
| BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days) | 2 | QL |
| COMBIVENT AER 20-100 QL (2 inhalers / 30 days) | 3 | QL |
| DUAKLIR AER 400/12 QL (1 inhaler / 30 days) | 3 | QL |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | B/D |
| STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days) | 3 | QL |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days) | 2 | QL |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days) | 2 | QL |
| ANTICHOLINERGICS | | |
| ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|-----------|
| INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days) | 2 | QL | CARBINOXAMINE MALEATE TABS 6mg PA applies if 70 years and older | 3 | PA |
| <i>ipratropium bromide</i> SOLN .02% | 1 | B/D | <i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | 1 | | CLARINEX TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days) | 3 | QL | <i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL PA |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days) | 3 | QL | <i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older | 2 | PA |
| <i>tiotropium bromide</i> <i>monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days) | 1 | QL | <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | PA |
| TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days) | 3 | QL | <i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days) | 3 | QL | <i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days) | 1 | QL |
| YUPELRI SOLN 175mcg/3ml | 4 | NDS PA | <i>diphenhydramine hcl</i> SOLN 50mg/ml | 1 | |
| ANTI-HISTAMINE COMBINATIONS | | | | | |
| <i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days) | 1 | QL | <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older | 3 | PA |
| CLARINEX-D TAB 2.5-120 | 3 | | <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | PA |
| DYMISTA SPR 137-50 QL (1 bottle / 30 days) | 3 | QL | <i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | PA |
| <i>promethazine vc</i> PA applies if 70 years and older | 2 | PA | <i>hydroxyzine pamoate</i> CAPS 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year | 2 | PA |
| RYALTRIS SPR 665-25 QL (29 gm / 30 days) | 3 | QL | | | |
| ANTI-HISTAMINES | | | | | |
| <i>azelastine hcl</i> SOLN .1% | 1 | | | | |
| <i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older | 2 | PA | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| <i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olopatadine hcl (nasal)</i> SOLN .6% | 1 | |
| QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days) | 4 | NDS QL PA |
| <i>ryclora</i> SOLN 2mg/5ml PA applies if 70 years and older | 1 | PA |
| RYVENT TABS 6mg PA applies if 70 years and older | 3 | PA |
| VISTARIL CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year | 3 | PA |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA) | 1 | QL |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA) | 1 | QL |
| <i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA) | 1 | QL |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |
| <i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml | 1 | B/D |
| BROVANA NEBU 15mcg/2ml | 4 | NDS B/D |
| <i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days) | 1 | QL ST |
| PERFOROMIST NEBU 20mcg/2ml | 4 | NDS B/D |
| PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days) | 2 | QL |
| STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| <i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days) | 2 | QL |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days) | 2 | QL |
| XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days) | 3 | QL ST |
| LEUKOTRIENE MODULATORS | | |
| ACCOLATE TABS 10mg, 20mg | 3 | |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 3 | |
| <i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg | 1 | |
| <i>zileuton</i> TB12 600mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| ZYFLO TABS 600mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------------|
| ARALAST NP SOLR 500mg, 1000mg | 4 | NDS NM PA |
| BRONCHITOL CAPS 40mg QL (560 caps / 28 days) | 4 | NDS QL NM PA |
| CINQAIR SOLN 100mg/10ml <i>cromolyn sodium</i> NEBU 20mg/2ml | 4 | NDS NM PA B/D |
| DALIRESP TABS 250mcg QL (56 tabs / year) | 3 | QL |
| DALIRESP TABS 500mcg QL (30 tabs / 30 days) | 3 | QL |
| <i>elixophyllin</i> ELIX 80mg/15ml <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen) | 4 | NDS |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | 1 | |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | 1 | |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| ESBRIET CAPS 267mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| ESBRIET TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| ESBRIET TABS 801mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| GLASSIA SOLN 1000mg/50ml | 4 | NDS NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| KALYDECO TABS 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| NUCALA SOAJ 100mg/ml QL (3 pens / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOLR 100mg QL (3 vials / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOSY 100mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| OFEV CAPS 100mg, 150mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| ORKAMBI GRA 75-94MG QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI GRA 100-125 QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI GRA 150-188 QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI TAB 100-125 QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml | 4 | NDS NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 4 | NDS NM PA |
| <i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year) | 1 | QL |
| <i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days) | 1 | QL |
| SYMDEKO TAB 50-75MG QL (56 tabs / 28 days) | 4 | NDS QL NM PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| SYMDEKO TAB 100-150 QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 3 | |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1 | |
| TRIKAFTA PAK 59.5MG QL (56 packs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA PAK 75MG QL (56 packs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOLR 150mg QL (8 vials / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | NDS NM PA |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days) | 1 | QL |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days) | 1 | QL ST |
| OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL AERS 80mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| XHANCE EXHU 93mcg/act QL (32 mL / 30 days) | 3 | QL PA |
| ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| STEROID INHALANTS | | |
| ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days) | 3 | QL |
| ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days) | 2 | QL |
| ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days) | 3 | QL |
| ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days) | 3 | QL |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|--------|
| <i>fluticasone propionate</i> (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days) | 2 | QL | BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days) | 2 | QL |
| <i>fluticasone propionate</i> (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days) | 2 | QL | BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days) | 2 | QL |
| <i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days) | 2 | QL | <i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D | <i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 80-4.5</i> <i>mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days) | 3 | QL | <i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 160-</i> <i>4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days) | 3 | QL | DULERA AER 50-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| QVAR REDHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days) | 3 | QL | DULERA AER 100-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| STEROID/BETA-AGONIST COMBINATIONS | | | DULERA AER 200-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days) | 3 | QL PA | <i>fluticasone-salmeterol aer</i> <i>powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |
| ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days) | 3 | QL PA | <i>fluticasone-salmeterol aer</i> <i>powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |
| ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days) | 3 | QL PA | <i>fluticasone-salmeterol aer</i> <i>powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |
| ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days) | 2 | QL | SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days) | 2 | QL | | | |
| ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days) | 2 | QL | | | |
| AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days) | 3 | QL | | | |
| BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days) | 2 | QL | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |
| TOPICAL DERMATOLOGY, ACNE | | |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 4 | NDS PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 4 | NDS PA |
| ACANYA GEL 1.2-2.5% QL (50 gm / 30 days) | 3 | QL |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ACZONE GEL 5%, 7.5% QL (90 gm / 30 days) | 3 | QL |
| <i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days) | 1 | QL PA |
| <i>adapalene</i> PADS .1% QL (28 swabs / 28 days) | 4 | NDS QL PA |
| ADAPALENE SOLN .1% QL (120 mL / 30 days) | 3 | QL PA |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO) QL (45 gm / 30 days) | 1 | QL PA |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days) | 1 | QL PA |
| AKLIEF CREA .005% QL (45 gm / 30 days) | 3 | QL PA |
| ALTRENO LOTN .05% QL (45 gm / 30 days) | 3 | QL PA |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg | 1 | PA |
| AMZEEQ FOAM 4% QL (30 gm / 30 days) | 3 | QL PA |
| ARAZLO LOTN .045% QL (45 gm / 30 days) | 3 | QL PA |
| ATRALIN GEL .05% QL (45 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| AZELEX CREA 20% QL (50 gm / 30 days) | 3 | QL PA |
| BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days) | 3 | QL |
| <i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days) | 1 | QL |
| CABTREO GEL QL (50 gm / 30 days) | 4 | NDS QL PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| CLEOCIN-T LOTN 1% QL (60 mL / 30 days) | 3 | QL |
| <i>clindacin</i> FOAM 1% QL (100 gm / 30 days) | 1 | QL |
| <i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| <i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| CLINDAGEL GEL 1% QL (75 mL / 30 days) | 4 | NDS QL PA |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days) | 1 | QL PA |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days) | 1 | QL |
| DIFFERIN CREA .1%; GEL .3% QL (45 gm / 30 days) | 3 | QL PA |
| DIFFERIN LOTN .1% QL (118 mL / 30 days) | 3 | QL PA |
| EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days) | 3 | QL PA |
| EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days) | 3 | QL PA |
| EPSOLAY CREA 5% QL (30 gm / 30 days) | 3 | QL PA |
| ery PADS 2% QL (60 pledgets / 30 days) | 1 | QL |
| ERYGEL GEL 2% QL (60 gm / 30 days) | 3 | QL |
| <i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days) | 1 | QL |
| <i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days) | 1 | QL |
| FABIOR FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg | 4 | NDS PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| KLARON LOTN 10% QL (118 mL / 30 days) | 3 | QL |
| <i>neuac gel 1.2-5%</i> QL (45 gm / 30 days) | 1 | QL |
| ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days) | 3 | QL |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days) | 3 | QL PA |
| <i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days) | 1 | QL |
| TAZAROTENE FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| <i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 1 | QL PA |
| <i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days) | 1 | QL PA |
| <i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days) | 1 | QL PA |
| <i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days) | 1 | QL PA |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days) | 1 | QL |
| TWYNEO CRE 0.1-3% QL (30 gm / 30 days) | 3 | QL PA |
| VELTIN GEL QL (60 gm / 30 days) | 3 | QL PA |
| WINLEVI CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ZIANA GEL QL (60 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| DERMATOLOGY, ANTIBIOTICS | | |
| ALTABAX OINT 1% QL (30 gm / 30 days) | 3 | QL |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days) | 1 | QL |
| <i>mupirocin</i> OINT 2% QL (220 gm / 30 days) | 1 | QL |
| <i>mupirocin calcium (topical)</i> CREA 2% QL (30 gm / 30 days) | 1 | QL PA |
| SILVADENE CREA 1% | 3 | |
| <i>silver sulfadiazine (generic of SILVADENE)</i> CREA 1% | 1 | |
| <i>ssd (generic of SILVADENE)</i> CREA 1% | 1 | |
| SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days) | 3 | QL |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox</i> GEL .77% QL (100 gm / 30 days) | 1 | QL |
| <i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days) | 1 | QL |
| <i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days) | 1 | QL |
| <i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days) | 1 | QL |
| <i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days) | 1 | QL |
| <i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days) | 1 | QL |
| <i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days) | 1 | QL |
| <i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days) | 1 | QL |
| ERTACZO CREA 2% QL (60 gm / 30 days) | 4 | NDS QL ST |
| EXELDERM CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| EXELDERM SOLN 1% QL (30 mL / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| JUBLIA SOLN 10% QL (8 mL / 30 days) | 4 | NDS QL |
| <i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days) | 1 | QL |
| <i>ketoconazole (topical)</i> FOAM 2% QL (100 gm / 30 days) | 1 | QL PA |
| <i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days) | 1 | QL |
| <i>ketodan</i> FOAM 2% QL (100 gm / 30 days) | 1 | QL PA |
| <i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| <i>luliconazole</i> CREA 1% QL (60 gm / 30 days) | 1 | QL ST |
| LUZU CREA 1% QL (60 gm / 30 days) | 3 | QL ST |
| <i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i> QL (50 gm / 30 days) | 1 | QL PA |
| <i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days) | 1 | QL |
| <i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days) | 1 | QL |
| <i>naftifine hcl (generic of NAFTIN)</i> GEL 2% QL (60 gm / 30 days) | 1 | QL |
| NAFTIN GEL 1% QL (90 gm / 30 days) | 3 | QL |
| NAFTIN GEL 2% QL (60 gm / 30 days) | 3 | QL |
| <i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days) | 1 | QL |
| <i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| <i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>oxiconazole nitrate</i> CREA 1% QL (90 gm / 30 days) | 1 | QL PA |
| OXISTAT CREA 1% QL (90 gm / 30 days) | 3 | QL PA |
| OXISTAT LOTN 1% QL (60 mL / 30 days) | 3 | QL PA |
| <i>selenium sulfide</i> LOTN 2.5% | 1 | |
| VUSION OIN QL (50 gm / 30 days) | 3 | QL PA |
| ZORYVE FOAM .3% QL (60 gm / 30 days) | 3 | QL PA |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 1 | PA |
| <i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| <i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days) | 1 | QL PA |
| <i>calcipotriene-betamethasone dipropionate oint 0.005- 0.064%</i> QL (400 gm / 28 days) | 1 | QL PA |
| <i>calcipotriene-betamethasone dipropionate susp 0.005- 0.064%</i> (generic of TACLONEX) QL (420 gm / 28 days) | 1 | QL PA |
| <i>calcitrene</i> OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| <i>calcitriol (topical)</i> OINT 3mcg/gm QL (800 gm / 28 days) | 1 | QL PA |
| ENSTILAR AER QL (120 gm / 30 days) | 4 | NDS QL PA |
| <i>methoxsalen rapid</i> CAPS 10mg | 4 | NDS |
| SORILUX FOAM .005% QL (120 gm / 30 days) | 4 | NDS QL PA |
| TACLONEX SUS QL (420 gm / 28 days) | 4 | NDS QL PA |
| <i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days) | 1 | QL PA |
| <i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| TAZORAC CREA .05%, .1% QL (60 gm / 30 days) | 3 | QL PA |
| TAZORAC GEL .05%, .1% QL (100 gm / 30 days) | 3 | QL PA |
| VECTICAL OINT 3mcg/gm QL (800 gm / 28 days) | 4 | NDS QL PA |
| VTAMA CREA 1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| ZORYVE CREA .3% QL (60 gm / 30 days) | 3 | QL PA |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> CREA 1% | 1 | |
| <i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days) | 1 | QL |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL |
| <i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days) | 1 | QL |
| BRYHALI LOTN .01% QL (100 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|-----------|
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL | <i>desonide</i> (generic of DESOWEN) CREA .05% | 1 | QL |
| QL (60 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> FOAM .05% | 1 | QL | <i>desonide</i> GEL .05% | 1 | QL PA |
| QL (100 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% | 1 | QL | <i>desonide</i> LOTN .05% | 1 | QL |
| QL (125 mL / 30 days) | | | QL (118 mL / 30 days) | | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% | 1 | QL | <i>desonide</i> OINT .05% | 1 | QL |
| QL (118 mL / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> SOLN .05% | 1 | QL | DESOWEN CREA .05% | 3 | QL PA |
| QL (50 mL / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate e</i> CREA .05% | 1 | QL | <i>desoximetasone</i> (generic of TOPICORT) CREA .05%; OINT .05% | 1 | QL PA |
| QL (60 gm / 30 days) | | | QL (100 gm / 30 days) | | |
| <i>clobetasol propionate emulsion</i> FOAM .05% | 1 | QL | <i>desoximetasone</i> (generic of TOPICORT) CREA .25%; OINT .25% | 1 | QL |
| QL (100 gm / 30 days) | | | QL (100 gm / 30 days) | | |
| CLOBEX LIQD .05% | 3 | QL | <i>desoximetasone</i> (generic of TOPICORT) GEL .05% | 1 | QL PA |
| QL (125 mL / 30 days) | | | QL (60 gm / 30 days) | | |
| CLOBEX LOTN .05%; SHAM .05% | 3 | QL | <i>desoximetasone</i> (generic of TOPICORT) LIQD .25% | 1 | QL |
| QL (118 mL / 30 days) | | | QL (100 mL / 30 days) | | |
| <i>clocortolone pivalate</i> (generic of CLODERM) CREA .1% | 1 | QL PA | <i>diflorasone diacetate</i> CREA .05%; OINT .05% | 1 | QL PA |
| QL (90 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clodan</i> (generic of CLOBEX) SHAM .05% | 1 | QL | DIPROLENE OINT .05% | 3 | QL |
| QL (118 mL / 30 days) | | | QL (120 gm / 30 days) | | |
| CORDRAN CREA .05% | 4 | NDS QL PA | DUOBRII LOT | 4 | NDS QL PA |
| QL (120 gm / 30 days) | | | QL (200 gm / 28 days) | | |
| CORDRAN LOTN .05% | 4 | NDS QL PA | EPIFOAM AER 1% | 3 | |
| QL (120 mL / 30 days) | | | <i>fluocinolone acetonide</i> CREA .01% | 1 | QL |
| CORDRAN TAPE 4mcg/sqcm | 3 | QL PA | QL (60 gm / 30 days) | | |
| QL (1 roll / 30 days) | | | <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% | 1 | QL |
| DERMA-SMOOTH/FS BODY OIL .01% | 3 | QL | QL (120 gm / 30 days) | | |
| QL (118.28 mL / 30 days) | | | <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% | 1 | QL |
| DERMA-SMOOTH/FS SCALP OIL .01% | 3 | QL | QL (118.28 mL / 30 days) | | |
| QL (118.28 mL / 30 days) | | | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days) | 1 | QL |
| <i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days) | 1 | QL |
| <i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days) | 1 | QL PA |
| <i>fluocinonide</i> CREA .05% QL (120 gm / 30 days) | 1 | QL |
| <i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL |
| <i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days) | 1 | QL |
| <i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days) | 1 | QL |
| <i>flurandrenolide</i> CREA .05% QL (120 gm / 30 days) | 1 | QL PA |
| <i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL PA |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 1 | |
| <i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days) | 1 | QL PA |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days) | 1 | QL |
| <i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05% QL (200 gm / 28 days) | 1 | QL PA |
| HALOG CREA .1%; OINT .1% QL (240 gm / 30 days) | 3 | QL PA |
| HALOG SOLN .1% QL (120 mL / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| <i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days) | 1 | QL |
| <i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days) | 1 | QL |
| <i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days) | 1 | QL |
| <i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1% QL (118 mL / 30 days) | 1 | QL PA |
| <i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days) | 1 | QL |
| <i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> CREA .1% QL (60 gm / 30 days) | 1 | QL |
| <i>hydrocortisone valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days) | 1 | QL |
| KENALOG AERS .147mg/gm QL (100 gm / 30 days) | 3 | QL PA |
| LEXETTE FOAM .05% QL (200 gm / 28 days) | 3 | QL PA |
| LOCOID LOTN .1% QL (118 mL / 30 days) | 3 | QL PA |
| LOCOID LIPOCREAM CREA .1% QL (60 gm / 30 days) | 3 | QL |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 1 | |
| PANDEL CREA .1% QL (80 gm / 30 days) | 4 | NDS QL |
| SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days) | 3 | QL |
| TEXACORT SOLN 2.5% | 3 | |
| TOPICORT CREA .05%; OINT .05% QL (100 gm / 30 days) | 3 | QL PA |
| TOPICORT CREA .25% QL (100 gm / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| TOPICORT GEL .05% QL (60 gm / 30 days) | 3 | QL PA |
| TOPICORT LIQD .25% QL (100 mL / 30 days) | 3 | QL PA |
| tovet FOAM .05% QL (100 gm / 30 days) | 1 | QL |
| triamcinolone acetonide (topical) (generic of KENALOG) AERS .147mg/gm QL (100 gm / 30 days) | 1 | QL PA |
| triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days) | 1 | QL |
| triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| triamcinolone acetonide (topical) OINT .05% QL (430 gm / 30 days) | 1 | QL PA |
| triderm CREA .5% QL (454 gm / 30 days) | 1 | QL |
| ULTRAVATE LOTN .05% QL (120 mL / 30 days) | 4 | NDS QL PA |
| VANOS CREA .1% QL (120 gm / 30 days) | 4 | NDS QL PA |
| VERDESO FOAM .05% QL (100 gm / 30 days) | 4 | NDS QL PA |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| DYCLOPRO SOLN .5% QL (60 mL / 30 days) | 3 | |
| glydo PRSY 2% QL (60 mL / 30 days) | 1 | QL PA |
| lidocaine OINT 5% QL (50 gm / 30 days) | 1 | QL PA |
| lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| lidocaine hcl SOLN 4% QL (50 mL / 30 days) | 1 | QL PA |
| lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days) | 1 | B/D QL |
| lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| PLIAGLIS CRE 7-7% QL (30 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| ZTLIDO PTCH 1.8% QL (3 patches / 1 day) | 3 | QL PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| acyclovir topical (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days) | 1 | QL PA |
| acyclovir topical (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days) | 1 | QL |
| ANUSOL-HC CREA 2.5% QL (50 gm / 30 days) | 3 | |
| azelaic acid (generic of FINACEA) GEL 15% QL (50 gm / 30 days) | 1 | QL |
| bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| brimonidine tartrate (topical) (generic of MIRVASO) GEL .33% QL (30 gm / 30 days) | 1 | QL PA |
| CARAC CREA .5% QL (30 gm / 30 days) | 4 | NDS QL |
| CONDYLOX GEL .5% QL (7 gm / 28 days) | 3 | QL |
| CORTIFOAM FOAM 10% QL (5 gm / 30 days) | 3 | |
| DENAVIR CREA 1% QL (100 gm / 30 days) | 3 | QL |
| diclofenac sodium (actinic keratoses) GEL 3% QL (100 gm / 30 days) | 1 | QL PA |
| diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days) | 1 | QL |
| diclofenac sodium (topical) (generic of PENNSAID) SOLN 2% QL (224 gm / 28 days) | 4 | NDS QL PA |
| doxepin hcl (antipruritic) (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg | 1 | |
| EFUDEX CREA 5% QL (40 gm / 30 days) | 3 | QL |
| ELIDEL CREA 1% QL (100 gm / 30 days) | 3 | QL PA |
| EUCRISA OINT 2% QL (120 gm / 30 days) | 3 | QL PA |
| FINACEA FOAM 15%; GEL 15% | 3 | QL PA |
| QL (50 gm / 30 days) | | |
| <i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days) | 1 | QL |
| <i>fluorouracil (topical)</i> CREA .5% QL (30 gm / 30 days) | 4 | NDS QL |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days) | 1 | QL |
| <i>hydrocortisone (rectal)</i> CREA 1% | 1 | |
| <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| HYFTOR GEL .2% QL (20 gm / 25 days) | 4 | NDS QL NM PA |
| <i>imiquimod</i> (generic of ZYCLARA) CREA 3.75% QL (28 packets / 28 days) | 1 | QL |
| <i>imiquimod</i> CREA 5% QL (24 packets / 30 days) | 1 | QL |
| <i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75% QL (7.5 gm / 28 days) | 1 | QL |
| <i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1% QL (45 gm / 30 days) | 1 | QL PA |
| KLISYRI OINT 1% QL (5 packets / 30 days) | 4 | NDS QL PA |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 1 | |
| METROCREAM CREA .75% QL (45 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| METROGEL GEL 1% QL (60 gm / 30 days) | 3 | QL PA |
| METROLOTION LOTN .75% QL (59 mL / 30 days) | 3 | QL PA |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> (generic of METROGEL) GEL 1% QL (60 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days) | 1 | QL |
| MIRVASO GEL .33% QL (30 gm / 30 days) | 3 | QL PA |
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days) | 1 | QL |
| NORITATE CREA 1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| OPZELURA CREA 1.5% QL (240 gm / 28 days) | 4 | NDS QL PA |
| ORACEA CPDR 40mg | 3 | |
| PANRETIN GEL .1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| <i>penciclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days) | 1 | QL |
| PENNSAID SOLN 2% QL (224 gm / 28 days) | 4 | NDS QL PA |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days) | 1 | QL PA |
| <i>podofilox</i> (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days) | 1 | QL |
| <i>podofilox</i> SOLN .5% QL (7 mL / 28 days) | 1 | QL |
| <i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| <i>proctocort</i> CREA 1% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| PROCTOFOAM AER HC 1% | 3 | |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| PRUDOXIN CREA 5% QL (45 gm / 30 days) | 3 | QL PA |
| QBREXZA PADS 2.4% QL (30 cloths / 30 days) | 3 | QL PA |
| RECTIV OINT .4% QL (30 gm / 30 days) | 3 | QL |
| SOOLANTRA CREA 1% QL (45 gm / 30 days) | 3 | QL PA |
| <i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| TARGRETIN GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| TOLAK CREA 4% QL (40 gm / 30 days) | 3 | QL |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| XERESE CRE 5-1% QL (5 gm / 30 days) | 4 | NDS QL |
| YCANTH SOLN .7% | 3 | NM PA |
| ZILXI FOAM 1.5% QL (30 gm / 30 days) | 3 | QL PA |
| ZONALON CREA 5% QL (45 gm / 30 days) | 3 | QL PA |
| ZOVIRAX CREA 5% QL (5 gm / 30 days) | 3 | QL PA |
| ZOVIRAX OINT 5% QL (30 gm / 30 days) | 3 | QL |
| ZYCLARA CREA 3.75% QL (28 packets / 28 days) | 4 | NDS QL |
| ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days) | 4 | NDS QL |

DERMATOLOGY, SCABICIDES AND PEDICULIDES

| | | |
|---|---|-----------|
| <i>crotan</i> LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| <i>malathion</i> LOTN .5% QL (59 mL / 30 days) | 1 | QL |
| NATROBA SUSP .9% | 3 | |
| OVIDE LOTN .5% QL (59 mL / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>permethrin</i> CREA 5% QL (60 gm / 30 days) | 1 | QL |
| <i>spinosad</i> SUSP .9% | 1 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| FILSUVEZ GEL 10% QL (30 tubes / 30 days) | 4 | NDS QL NM PA |
| REGRANEX GEL .01% QL (30 gm / 30 days) | 4 | NDS QL PA |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | 3 | QL |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 1 | |
| <i>water for irrigation, sterile irrigation soln</i> | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg | 1 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |
| EVOXAC CAPS 30mg | 3 | |
| <i>kourzeq</i> PSTE .1% | 1 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 1 | |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml | 1 | |
| <i>periogard</i> (generic of PERIDEX) SOLN .12% | 1 | |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg | 1 | |
| SALAGEN TABS 5mg, 7.5mg | 3 | |
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See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-833-266-6958, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

08/19/2024