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***SilverScript (EGWP) Employer PDP for MHBP Consumer
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 08/26/2025. 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 August 26, 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 August 26, 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 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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	\$8.00	\$15.00	\$8.00
Tier 2: Preferred Brand	\$45.00	\$70.00	\$45.00
Tier 3: Non-Preferred Brand	\$70.00	\$110.00	\$70.00
Tier 4: Specialty (High Cost)	25% of total cost Maximum \$225.00	25% of total cost Maximum \$425.00	25% 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, 200mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<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> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml MITIGARE CAPS .6mg QL (60 caps / 30 days)	4	NDS NM PA 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
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
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	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
DOLOBID TABS 375mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>fenoprofen calcium</i> CAPS 400mg QL (240 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
FENOPRON CAPS 300mg QL (240 caps / 30 days)	4	NDS 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	
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
<i>naproxen</i> 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</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> 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> 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>tolectin 600</i> TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
VIMOVO TAB 375-20MG QL (60 tabs / 30 days)	4	NDS QL PA
VIMOVO TAB 500-20MG QL (60 tabs / 30 days)	4	NDS QL PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<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
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	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>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 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
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	4	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	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
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 27mg, 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 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
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-ibuprofen tab</i> 10-200 mg QL (150 tabs / 30 days)	1	QL	OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL	OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D	OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL	OXYCOD/APAP TAB 10- 300MG QL (180 tabs / 30 days)	4	NDS QL PA
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D	<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
MORPHINE SULFATE SOLN 3 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D	<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 3 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 1 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 1 100mg/5ml QL (180 mL / 30 days)	1	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> TABS 1 15mg, 30mg QL (180 tabs / 30 days)	1	QL	OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>nalbuphine hcl</i> SOLN 3 10mg/ml, 20mg/ml	3		<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL			
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg 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
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 25mg QL (120 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 75mg QL (150 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL PA
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

Drug Name	Drug Requirements/ Tier	Limits
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	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	
<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 300mg/2ml, 600mg/4ml, 900mg/6ml	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	

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Drug Name	Drug Requirements/ Tier	Limits
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	
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
EMBLAVEO INJ 2GM	4	NDS
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	4	NDS PA
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
<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	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4	NDS QL	<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA	TOBI NEBU 300mg/5ml	4	NDS NM PA
NITROFURANTOIN SUSP 50mg/5ml	4	NDS PA	TOBI PODHALER CAPS 28mg	4	NDS NM PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2		<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2		<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
ORBACTIV SOLR 400mg	4	NDS	<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
PENTAM 300 SOLR 300mg	3		<i>tobramycin sulfate</i> SOLR 1.2gm	4	NDS PA
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D	<i>trimethoprim</i> TABS 100mg	1	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1		VABOMERE INJ 2GM(1-1)	4	NDS
<i>polymyxin b sulfate</i> SOLR 500000unit	1		VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
<i>praziquantel</i> TABS 600mg	1		VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
PRIMAXIN IV INJ 500MG	3		VANCOMYC/D5W INJ 1.5/300	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA	VANCOMYC/D5W INJ 1.25/250	3	
RECARBRIO INJ 1.25GM	4	NDS	VANCOMYCIN SOLN 2000mg/400ml	3	
SIVEXTRO SOLR 200mg; TABs 200mg	4	NDS	<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
SOLOSEC PACK 2gm	3		<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS	<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
STROMEKTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA	<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>sulfadiazine</i> TABS 500mg	4	NDS	<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL
<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				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
VANCOMYCIN INJ 1 GM	3		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
VANCOMYCIN INJ 500MG	3		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
VANCOMYCIN INJ 750MG	3		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
VIBATIV SOLR 750mg	4	NDS	<i>fulvicin p/g 165</i> TABS 165mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
ZEMDRI SOLN 500mg/10ml	4	NDS	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS	<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	<i>itraconazole</i> SOLN 10mg/ml	4	NDS
ANTIFUNGALS			<i>ketoconazole</i> TABS 200mg	1	PA
ABELCET SUSP 5mg/ml	3	B/D	MICAFUNGIN SOLR 50mg, 100mg	4	NDS
AMBISOME SUSR 50mg	4	NDS B/D	<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
<i>amphotericin b</i> SOLR 50mg	1	B/D	MICAFUNGIN/NAACL INJ 50MG/50ML	4	NDS
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D	MICAFUNGIN/NAACL INJ 100MG/100ML	4	NDS
ANCOBON CAPS 250mg, 500mg	4	NDS PA	MICAFUNGIN/NAACL INJ 150MG/150ML	4	NDS
CANCIDAS SOLR 50mg, 70mg	4	NDS	MYCAMINE SOLR 50mg, 100mg	4	NDS
<i>caspofungin acetate</i> SOLR 50mg	1		NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS	NOXAFIL SOLN 300mg/16.7ml	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 70mg	1		NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA	NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3		<i>nystatin</i> TABS 500000unit	1	
ERAXIS SOLR 50mg	3		<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
ERAXIS SOLR 100mg	4	NDS			
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	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>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
<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 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> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL 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
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
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> 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

Drug Name	Drug Requirements/ Tier	Limits
<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
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; 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

Drug Name	Drug Requirements/ Tier	Limits
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	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

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>lamivudine-zidovudine tab</i> 150-300 mg	1	NM
<i>lopinavir-ritonavir soln</i> 400- 100 mg/5ml (80-20 mg/ml)	1	NM
<i>lopinavir-ritonavir tab</i> 100-25 mg (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab</i> 200-50 mg (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	4	NDS NM
TRUVADA TAB 133-200	4	NDS NM
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS 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	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> 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

Drug Name	Drug Requirements/ Tier	Limits
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
<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 PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL 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
<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>ceftazidime</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFAZOLIN ER TB12 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-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	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
FETROJA SOLR 1gm	4	NDS	ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		ZITHROMAX TRI-PAK TABS 500mg	3	
TEFLARO SOLR 400mg, 600mg	4	NDS	ZITHROMAX Z-PAK TABS 250mg	3	
ZERBAXA INJ 1.5GM	4	NDS	FLUOROQUINOLONES		
ERYTHROMYCINS/MACROLIDES			BAXDELA SOLR 300mg; TABS 450mg	4	NDS
<i>azithromycin</i> PACK 1gm; TABS 600mg	1		CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS	<i>ciprofloxacin hcl</i> TABS 750mg	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
E.E.S. GRANULES SUSR 200mg/5ml	3		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1		<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
ERYPED 200 SUSR 200mg/5ml	3		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
ERYPED 400 SUSR 400mg/5ml	4	NDS	<i>moxifloxacin hcl</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1				
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS					
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1		NAFCILLIN INJ 2GM/100	4	NDS
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1		<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1		<i>nafcillin sodium</i> SOLR 10gm	4	NDS
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>ampicillin</i> CAPS 500mg	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
AUGMENTIN TAB 500MG	3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
BICILLIN C-R INJ 900/300	3		UNASYN INJ 1.5GM	3	
BICILLIN C-R INJ 1200000	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	

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Drug Name	Drug Requirements/ Tier	Limits
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, 100mg; SOLR 100mg; TABS 20mg, 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, 1 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

Drug Name	Drug Requirements/ Tier	Limits
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	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/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<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
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D 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
VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
AXTLE SOLR 100mg, 500mg <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
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> (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	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	
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

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
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	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	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
LUTRATE DEPOT INJ 22.5mg	3	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
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

Drug Name	Drug Requirements/ Tier	Limits
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
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 TARGETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
DOXIL SUSP 2mg/ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	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
ONCASPASOL 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
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

Drug Name	Drug Requirements/ Tier	Limits
<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
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
<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>paclitaxel inj 100mg</i> (generic of ABRAXANE)	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
<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

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
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA	CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA	DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA
BESPONSA SOLR .9mg	4	NDS NM PA	DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NM PA	DARZALEX INJ FASPRO	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	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>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
DATROWAY SOLR 100mg	4	NDS NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	FYARRO SUSR 100mg	4	NDS NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA	GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ENHERTU SOLR 100mg	4	NDS NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA	GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM	GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA	GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA	HERCEP HYLEC SOL 60- 10000	4	NDS 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	HERCEPTIN SOLR 150mg	4	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 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	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

Drug Name	Drug Requirements/ Tier	Limits
<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
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 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
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 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
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA	<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA	ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA	OPDIVO INJ QVANTIG	4	NDS NM PA
MARGENZA SOLN 250mg/10ml	4	NDS NM PA	OPDUALAG SOL	4	NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA	PADCEV SOLR 20mg, 30mg	4	NDS NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 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
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA	PERJETA SOLN 420mg/14ml	4	NDS NM PA
MONJUVI SOLR 200mg	4	NDS NM PA	PHESGO SOL	4	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA			
MYLOTARG SOLR 4.5mg	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA	RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA	RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA	SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA	SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA	SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 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
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 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
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 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
REVUFORJ TABS 160mg QL (60 tabs / 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
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM PA
RITUXAN INJ HYCELA	4	NDS NM PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA	TALZENNA CAPS .25mg QL (90 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			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA	VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA	VELCADE SOLR 3.5mg	4	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TRODELVY SOLR 180mg	4	NDS NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA	VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA	VYLOY SOLR 100mg, 300mg	4	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 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
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
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
ZIIHERA SOLR 300mg	4	NDS 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		
dexrazoxane hcl SOLR 250mg, 500mg	4	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
KHAPZORY SOLR 175mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
mesna (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	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 (generic of VASERETIC)</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	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

Drug Name	Drug Requirements/ Tier	Limits
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	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 10mg	3	
<i>benazepril hcl TABS 5mg</i>	1	
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1	
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
EPANED SOLN 1mg/ml	4	NDS
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 5mg, 10mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 2.5mg	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	
<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	
TEZRULY SOLN 1mg/ml	3	QL ST
QL (600 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
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)		
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i> QL (60 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL	DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL	DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL	DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL	DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL	EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL ST
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL	EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	3	QL ST
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL	ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL	ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	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

Drug Name	Drug Requirements/ Tier	Limits
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
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 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> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 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, 150mg/3ml, 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/afi)</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> 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
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
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	

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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

Drug Name	Drug Requirements/ Tier	Limits
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</i> 1 gm (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
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	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 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
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)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
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, 400mg	1	
LABETALOL HYDROCHLORIDE SOLN 10mg/2ml	3	
LOPRESSOR SOLN 10mg/ml; 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> TABS 20mg, 40mg, 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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 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	
<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>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	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>nimodipine</i> SOLN 60mg/20ml	4	NDS
<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>tiadyt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOANZ TABS 20mg, 40mg, 60mg	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
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1		<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
THALITONE TABS 15mg	3		<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1		<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
<i>triamterene (generic of DYRENIUM) CAPS 50mg, 100mg</i>	1		ASPRUZYO SPRINKLE PACK 1000mg	3	PA
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1		ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1		BIDIL TAB	3	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1		CADUET TAB 5-10MG	3	
MISCELLANEOUS			CADUET TAB 5-20MG	3	
ADRENALIN SOLN 1mg/ml	3		CADUET TAB 5-40MG	3	
<i>aliskiren fumarate (generic of TEKURNA) TABS 150mg, 300mg</i>	1		CADUET TAB 5-80MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1		CADUET TAB 10-10MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1		CADUET TAB 10-20MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1		CADUET TAB 10-40MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1		CADUET TAB 10-80MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1		CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1	
			<i>clonidine TB24 .17mg</i>	1	
			<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
			CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
			CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
			DEMSEER CAPS 250mg	4	NDS NM PA
			DIBENZYLINE CAPS 10mg	4	NDS PA
			<i>digoxin SOLN .05mg/ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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</i> (<i>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	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
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>methyl dopa</i> TABS 250mg, 500mg PA applies if 70 years and older	3	PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
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	
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
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
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
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

Drug Name	Drug Requirements/ Tier	Limits
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 TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil</i> (<i>pulmonary hypertension</i>) (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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA	<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM	<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA	<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA	<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA	<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA	<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA	<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 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
<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	LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	3	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>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 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	XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL	XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL	XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ATIVAN SOLN 2mg/ml, 4mg/ml	3				
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANTIDEMENTIA			ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA	<i>memantine hcl-donepezil hcl</i> <i>cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL	<i>memantine hcl-donepezil hcl</i> <i>cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3		NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	QL	NAMZARIC CAP 7-10MG	3	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL	NAMZARIC CAP 14-10MG	3	
<i>donepezil hydrochloride</i> TBDP 10mg	1		NAMZARIC CAP 21-10MG	3	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL	NAMZARIC CAP 28-10MG	3	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL	NAMZARIC CAP PACK	3	
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL	<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL	<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA	ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
<i>memantine hcl tab 28 x 5 mg</i> & <i>21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA	ANTIDEPRESSANTS		
<i>memantine hcl-donepezil hcl</i> <i>cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1		<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL	EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>bupropion hcl</i> TB24 450mg QL (30 tabs / 30 days)	1	QL PA	<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
CELEXA TABS 10mg, 20mg, 40mg	3		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL PA	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA	<i>fluoxetine hcl</i> CAPS 10mg, 40mg; SOLN 20mg/5ml	1	
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL	<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	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> TABS 10mg QL (30 tabs / 30 days)	1	QL PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL	<i>fluoxetine hcl</i> TABS 20mg QL (120 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> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>fluoxetine hcl (pmd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA	<i>fluoxetine hcl (pmd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL	FLUOXETINE HYDROCHLORIDE TABS 60mg QL (30 tabs / 30 days)	3	QL PA
			FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL PA
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
<i>entacapone TABS 200mg</i>	1	
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
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	4	NDS QL NM PA
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 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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	
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
VYALEV INJ 12-240MG	4	NDS NM 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST	CLOZARIL TABS 25mg	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL	CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL	COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL PA
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL PA
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1		ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
<i>clozapine</i> TABS 50mg	1		ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	4	NDS QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL	FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
			FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
			<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
			<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
			GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
			GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1		<i>risperidone</i> TABS .25mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL	<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA	<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA	RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	4	NDS QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL	SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL	SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3		SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
RISPERDAL CONSTA SRER 3 12.5mg QL (2 injections / 28 days)	3	QL	SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
RISPERDAL CONSTA SRER 4 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL	SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL	SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	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
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<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>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
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<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
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABARONE TABS 100mg QL (360 tabs / 30 days)	4	NDS QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	4	NDS QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
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	

Drug Name	Drug Requirements/ Tier	Limits
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	
<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	
LEVETIR/NAACL INJ 5MG/ML	3	
LEVETIR/NAACL INJ 10MG/ML	3	
LEVETIR/NAACL INJ 15MG/ML	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<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/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
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
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	4	NDS PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	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
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytek</i> CAPS 200mg, 300mg	1		<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>phenytoin sodium</i> SOLN 50mg/ml	1		SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA	SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA	<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>primidone</i> TABS 125mg	1		<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
QUDEXY XR CS24 25mg QL (480 caps / 30 days)	3	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
QUDEXY XR CS24 50mg QL (240 caps / 30 days)	3	QL PA	TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
QUDEXY XR CS24 100mg QL (120 caps / 30 days)	3	QL PA	TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA	<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		TOPAMAX TABS 25mg	3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	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> CPSP 50mg	1	
<i>topiramate</i> CS24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 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
VIGAFYDE SOLN 100mg/ml QL (900 mL / 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL	ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL	ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL	ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL	ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL	ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL	ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL	ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL	ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL	ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3		ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
ZONEGRAN CAPS 25mg, 100mg	4	NDS	<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA	<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1		<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>zonisamide</i> CAPS 50mg	1		<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
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			

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>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
			COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
			DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
			DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
			DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA	FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg 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	FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg 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>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
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	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>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 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>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA	INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA			
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	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	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 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	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
			QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
			QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
			QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 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	4	NDS 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
<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
<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>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
<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
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<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>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>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
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA	IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST	IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA	IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
<i>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA	MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS	MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA	<i>migergot</i> QL (20 suppositories / 28 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA	ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA	RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL ST
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA	RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	1	QL PA	REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST	REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL	ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL	ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL	<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL	<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL	ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL	<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL	MISCELLANEOUS		
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days)	3	QL ST	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA	AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA	AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYEPTI SOLN 100mg/ml	4	NDS NM PA	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
			DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
			DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
			<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
			<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
			ENSPRYNG SOSY 120mg/ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg	4	NDS NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN	4	NDS NM PA
RADICAVA SOLN 30mg/100ml		
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml	4	NDS NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<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 / 365 days)	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

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Drug Name	Drug Requirements/ Tier	Limits
MAYZENT STARTER PACK (12) TBP .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
<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
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 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	

Drug Name	Drug Requirements/ Tier	Limits
<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
<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
<i>methocarbamol</i> TABS 1000mg QL (120 tabs / 30 days)	4	NDS 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>tanlor</i> TABS 1000mg QL (120 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX 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
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	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

Drug Name	Drug Requirements/ Tier	Limits
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) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> 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	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 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
<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		
AVEED SOLN 750mg/3ml	3	NM PA
AZMIRO SOSY 200mg/ml	3	PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	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
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
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
<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
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg 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, 100mg	1	
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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
<i>alogliptin-pioglitazone tab</i> 25- 15 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25- 30 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25- 45 mg QL (30 tabs / 30 days)	3	QL ST
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
<i>exenatide</i> SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	1	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 2.5mg QL (480 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL	INVOKAMET XR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	INVOKAMET XR TAB 150- 500 QL (60 tabs / 30 days)	3	QL
glipizide xl TB24 2.5mg QL (90 tabs / 30 days)	1	QL	INVOKAMET XR TAB 150- 1000 QL (60 tabs / 30 days)	3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL	INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
GLUMETZA TB24 500mg QL (120 tabs / 30 days)	4	NDS QL PA	JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL
GLUMETZA TB24 1000mg QL (60 tabs / 30 days)	4	NDS QL PA	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL	KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days)	3	QL ST
INVOKAMET XR TAB 50- 500MG QL (120 tabs / 30 days)	3	QL	KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
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> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<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 750mg QL (90 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> 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> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
MOUNJARO SOAJ 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
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	SITAG/METFOR TAB ER 24HR 50-1000MG QL (60 tabs / 30 days)	3	QL ST
QTERN TAB 5-5MG QL (30 tabs / 30 days)	3	QL	SITAG/METFOR TAB ER 24HR 100-1000MG QL (30 tabs / 30 days)	3	QL ST
QTERN TAB 10-5MG QL (30 tabs / 30 days)	3	QL	SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
<i>saxagliptin hcl</i> TABS 2.5mg QL (30 tabs / 30 days)	1	QL	STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days)	1	QL	SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> QL (60 tabs / 30 days)	1	QL	SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> QL (30 tabs / 30 days)	1	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> QL (30 tabs / 30 days)	1	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL	SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL	SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL	SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SITAG/METFOR TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST	SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	2	QL
SITAG/METFOR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
SITAG/METFOR TAB ER 24HR 50-500MG QL (60 tabs / 30 days)	3	QL ST	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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	2	PA
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	APIDRA SOLN 100unit/ml	3	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	APIDRA SOLOSTAR SOPN 100unit/ml	3	
TZIELD SOLN 2mg/2ml	4	NDS NM PA	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA	BASAGLAR TEMPO PEN SOPN 100unit/ml	3	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	FIASP SOLN 100unit/ml	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	2	
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST	FIASP PENFILL SOCT 100unit/ml	2	
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST	FIASP PUMPCART SOCT 100unit/ml	2	B/D
ZITUVIMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST	GAUZE PADS 2X2	2	PA
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST	HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
ZITUVIMET XR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL ST	HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST	HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
ANTIDIABETICS, INSULINS			HUMALOG MIX INJ 50/50KWP	3	
ADMELOG SOLN 100unit/ml	2		HUMALOG MIX INJ 75/25KWP	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	2		HUMALOG MIX SUS 75/25	3	
AFREZZA POWD 4unit, 8unit	3		HUMALOG TEMPO PEN SOPN 100unit/ml	3	
AFREZZA POWD 12unit	4	NDS	HUMULIN INJ 70/30	3	
AFREZZA POW 4-8 UNIT	4	NDS	HUMULIN INJ 70/30KWP	3	
AFREZZA POW 4-8-12	4	NDS	HUMULIN N SUSP 100unit/ml	3	
AFREZZA POW 8-12UNIT	4	NDS	HUMULIN N KWIKPEN SUPN 100unit/ml	3	
			HUMULIN R SOLN 100unit/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D	LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS	MERILOG SOLN 100unit/ml	3	
INS ASP PROT INJ FLEXPEN	3		MERILOG SOLOSTAR SOPN 100unit/ml	3	
INSULIN ASPA INJ 70/30	3		NOVOLIN70/30 INJ RELION	3	
INSULIN ASPART SOLN 100unit/ml	3		NOVOLIN INJ 70/30	2	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	3		NOVOLIN INJ 70/30 FP	2	
INSULIN ASPART PENFILL SOCT 100unit/ml	3		NOVOLIN INJ 70/30 FP RELION	3	
INSULIN DEGLUDEC SOLN 100unit/ml	3		NOVOLIN N SUSP 100unit/ml	2	
INSULIN DEGLUDEC FLEXTUOC SOPN 100unit/ml, 200unit/ml	3		NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3		NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3		NOVOLIN N RELION SUSP 100unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3		NOVOLIN R SOLN 100unit/ml	2	
INSULIN LISP INJ PROTAMIN	3		NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
INSULIN LISPRO SOLN 100unit/ml	3		NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3		NOVOLIN R RELION SOLN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3		NOVOLOG SOLN 100unit/ml	2	
INSULIN PEN NEEDLES: BD- EMBECTA	2	PA	NOVOLOG FLEXPEN SOPN 100unit/ml	2	
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA	NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
INSULIN SYRINGES: BD- EMBECTA	2	PA	NOVOLOG MIX INJ 70/30	2	
LANTUS SOLN 100unit/ml	2		NOVOLOG MIX INJ FLEX REL	3	
LANTUS SOLOSTAR SOPN 100unit/ml	2		NOVOLOG MIX INJ FLEXPEN	2	
LYUMJEV SOLN 100unit/ml	3		NOVOLOG PENFILL SOCT 100unit/ml	2	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3		NOVOLOG RELI INJ 70/30	3	
			NOVOLOG RELION SOLN 100unit/ml	3	
			OMNIPOD 5 DX KIT INT G7G6	3	QL PA
			QL (1 kit / year)		
			OMNIPOD 5 DX MIS POD G7G6	3	QL PA
			QL (15 pods / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
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
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
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	

Drug Name	Drug Requirements/ Tier	Limits
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
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	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	4	NDS NM PA
<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 560mcg/2.24ml	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

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>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	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	4	NDS NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml (generic of Forteo)	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	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>deferisirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferisirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferisirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferisirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferisirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> TABS 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 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 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	4	NDS NM PA
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	
<i>sps rectal</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 1gm, 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	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>apri</i>	1	<i>drospirenone-ethinyl estradiol</i>	1
<i>aranelle</i>	1	<i>tab 3-0.02 mg</i> (generic of YAZ)	
<i>ashlyna</i>	1	<i>drospirenone-ethinyl estradiol</i>	1
<i>aubra eq</i>	1	<i>tab 3-0.03 mg</i> (generic of YASMIN 28)	
<i>aurovela 1/20</i>	1	<i>elinest</i>	1
<i>aurovela 24 fe</i>	1	<i>eluryng</i> (generic of NUVARING)	1
<i>aurovela fe 1.5/30</i>	1	<i>emzahh</i> TABS .35mg	1
<i>aurovela fe 1/20</i>	1	<i>enilloring</i> (generic of NUVARING)	1
AVERI TAB	3	<i>enpresse-28</i>	1
<i>aviane</i>	1	<i>enskyce</i>	1
<i>ayuna</i>	1	<i>errin</i> TABS .35mg	1
<i>azurette</i>	1	<i>estarylla</i>	1
BALCOLTRA TAB 0.1-20	3	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>balziva</i>	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
BEYAZ TAB	3	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>blisovi 24 fe</i>	1	<i>falmina</i>	1
<i>blisovi fe 1.5/30</i>	1	<i>feirza 1.5/30</i>	1
<i>briellyn</i>	1	<i>feirza 1/20</i>	1
<i>camila</i> TABS .35mg	1	FEMLYV TAB 1/0.02MG	3 PA
<i>camrese</i>	1	<i>finzala</i>	1
<i>camrese lo</i>	1	<i>galbriela</i>	1
<i>chateal eq</i>	1	<i>gemmily</i> (generic of TAYTULLA)	1
<i>cryselle-28</i>	1	<i>hailey 1.5/30</i>	1
<i>cyred eq</i>	1	<i>hailey 24 fe</i>	1
<i>dasetta 1/35</i>	1	<i>haloette</i> (generic of NUVARING)	1
<i>dasetta 7/7/7</i>	1	<i>heather</i> TABS .35mg	1
<i>daysee</i>	1	<i>iclevia</i>	1
<i>deblitane</i> TABS .35mg	1	<i>incassia</i> TABS .35mg	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	<i>introvale</i>	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	<i>isibloom</i>	1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	<i>jaimiess</i>	1
<i>dolishale</i>	1	<i>jasmiel</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	<i>jolessa</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	<i>joyeaux</i> (generic of BALCOLTRA)	1
		<i>juleber</i>	1

Drug Name	Drug Requirements/ Tier	Limits
<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>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna (generic of YAZ)</i>	1	
<i>low-ogestrel</i>	1	
<i>luteru</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>merzee (generic of TAYTULLA)</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>minzoya (generic of BALCOLTRA)</i>	1	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	PA
<i>nikki (generic of YAZ)</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc TABS .35mg</i>	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>ocella (generic of YASMIN 28)</i>	1
<i>orquidea TABS .35mg</i>	1
PHEXXI GEL	3
<i>philith</i>	1
<i>pimtreea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>rosyrah</i>	1
SAFYRAL TAB	3
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda (generic of YASMIN 28)</i>	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

Drug Name	Drug Requirements/ Tier Limits
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>turqoz</i>	1
<i>tydemy (generic of SAFYRAL)</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura (generic of YAZ)</i>	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>xarah fe</i>	1
<i>xelria 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 (generic of YASMIN 28)</i>	1
ESTROGENS	
<i>abigale (generic of ACTIVELLA)</i>	2
<i>abigale lo</i>	2
ACTIVELLA 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

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
COMBIPATCH DIS	3	EVAMIST SOLN	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	1.53mg/spray	
DEPO-ESTRADIOL OIL 5mg/ml	3	FEMRING RING .05mg/24hr, 3 .1mg/24hr	
DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	<i>fyavolv tab 1mg-5mcg</i>	2
ELESTRIN GEL .06%	3	IMVEXXY MAINTENANCE	3 PA
ESTRACE CREA .1mg/gm	3	PACK INST 4mcg, 10mcg	
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3	IMVEXXY STARTER PACK	3 PA
<i>estradiol</i> (generic of DIVIGEL) 3 GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	INST 4mcg, 10mcg	
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	<i>jinteli</i>	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	MENOSTAR PTWK	3
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	14mcg/24hr	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	<i>mimvey</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>estradiol valerate</i> OIL 40mg/ml	1	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
ESTRING RING 7.5mcg/24hr	3	PREMARIN CREA	3
		.625mg/gm; SOLR 25mg	
		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
		PREMPHASE TAB	2
		PREMPRO TAB	2
		PREMPRO TAB 0.3-1.5	2
		PREMPRO TAB 0.45-1.5	2
		PREMPRO TAB 0.625-5	2
		VAGIFEM TABS 10mcg	3
		VIVELLE-DOT PTTW	3
		.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1

Drug Name	Drug Requirements/ Tier	Limits
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (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
<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, 10mg/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	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	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	

Drug Name	Drug Requirements/ Tier	Limits
<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 TBPB 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 5mg/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; TBPB 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</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	
BAQSIMI TWO 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 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
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
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
ACTHAR GEL PEN 40unit/0.5ml, 80unit/ml QL (30 injectors / 30 days)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	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</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) 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
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	4	NDS QL NM PA
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	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</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	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

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
ELFABRIO SOLN 5mg/2.5ml, 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</i> (generic of KUVAN) 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
<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

Drug Name	Drug Requirements/ Tier	Limits
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
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg 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 FLEXPRO 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
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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
OSPHEHA 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
REVCОВI 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
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	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
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
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL 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>gallifrey</i> TABS 5mg	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<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, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	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 SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	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	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		CINVANTI EMUL 130mg/18ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>compro</i> SUPP 25mg	1	
VITAMIN D ANALOGS			DICLEGIS TAB 10-10MG	3	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	EMEND SOLR 150mg	3	
<i>paricalcitol</i> CAPS 4mcg	1	B/D	EMEND SUSR 125mg/5ml	4	NDS B/D
RAYALDEE CPCR 30mcg	4	NDS	EMEND BIPACK CAPS 80mg	3	B/D
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	EMEND TRIPAC PAK 125 & 80	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	FOCINVEZ SOLN 150mg/50ml	3	
GASTROINTESTINAL ANTIEMETICS			<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
AKYNZEO CAP 300-0.5	3	B/D	GIMOTI SOLN 15mg/act	4	NDS PA
AKYNZEO INJ 235-0.25	3	NM	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
AKYNZEO INJ 235- 0.25MG/20ML	3	NM	<i>granisetron hcl</i> TABS 1mg	1	B/D
APONVIE EMUL 32mg/4.4ml	3		MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	4	NDS B/D QL
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days)	1	QL PA
BONJESTA TAB 20-20MG	3		<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
			<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	1	B/D
			<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
			<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
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
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> PT72 1mg/3days 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	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 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 SOSY .25mg/5ml, 1mg/10ml	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	
GLYCATATE 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> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
H2-RECEPTOR ANTAGONISTS					
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1		<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL	<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1		<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1		<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1		<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>nizatidine</i> CAPS 150mg, 300mg	1		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PEPCID TABS 20mg, 40mg	3		PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
INFLAMMATORY BOWEL DISEASE			PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL	ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
AZULFIDINE TABS 500mg	3		SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
AZULFIDINE EN-TABS TBEC 500mg	3		<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1		<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA	UCERIS FOAM 2mg/act	3	
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA	UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1		LAXATIVES		
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL	CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
CORTENEMA ENEM 100mg/60ml	3		<i>constulose</i> SOLN 10gm/15ml	1	
DIPENTUM CAPS 250mg	4	NDS	<i>enulose</i> SOLN 10gm/15ml	1	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1		<i>gavilyte-c</i>	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL	<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL	<i>gavilyte-n/flavor pack</i>	1	
<i>mesalamine</i> CPCR 500mg QL (240 caps / 30 days)	1	QL	<i>generlac</i> SOLN 10gm/15ml	1	
			GOLYTELY SOL	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
<i>kristalose</i> PACK 10gm QL (30 packets / 30 days)	1	QL PA
<i>kristalose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> PACK 20gm QL (60 packets / 30 days)	1	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	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1	

Drug Name	Drug Requirements/ Tier	Limits
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 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	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</i> (generic of LOMOTIL)	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
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	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	
<i>prucalopride succinate</i> (generic of MOTEGRITY) TABS 1mg, 2mg	1	
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

Drug Name	Drug Requirements/ Tier	Limits
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml QL (1200 mL / 30 days)	1	QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
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 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> 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> QL (30 caps / 30 days)	4	NDS QL PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
PANTOPR/NAACL SOL 40MG/100	3	
PANTOPR/NAACL SOL 80MG/100	3	
<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	
PANTOPRAZOLE SOL 40/50ML	3	
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

Drug Name	Drug Requirements/ Tier	Limits
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)	4	NDS 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 (generic of JALYN) QL (30 caps / 30 days)	1	QL
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
JALYN CAP 0.5-0.4 QL (30 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> 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

Drug Name	Drug Requirements/ Tier	Limits
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> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
DETROL LA CP24 2mg QL (30 caps / 30 days)	3	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBP 5mg QL (74 tabs / 30 days)	2	QL
<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	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS	PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	4	NDS QL PA
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	4	NDS QL PA
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	4	NDS	<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	2	QL
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
HEP SOD/NACL INJ 12500UNT	2		XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 25000UNT	2		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	HEMATOPOIETIC GROWTH FACTORS		
HEPARIN/NACL INJ 25000UNT	2		ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		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
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3		EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS	EPOGEN SOLN 20000unit/ml	4	NDS NM PA
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL	FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	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
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

Drug Name	Drug Requirements/ Tier	Limits
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)	4	NDS QL 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
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
BKEMV SOLN 300mg/30ml	4	NDS NM PA
CABLIVI KIT 11mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>eltrombopag olamine</i> (generic of PROMACTA) PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA
<i>eltrombopag olamine</i> (generic of PROMACTA) PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>eltrombopag olamine</i> (generic of PROMACTA) TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>eltrombopag olamine</i> (generic of PROMACTA) TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
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
EPYSQLI SOLN 300mg/30ml	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
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS NM PA
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
RYTELO SOLR 47mg, 188mg	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 auto-injectors / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CIMZIA STARTER KIT 200mg/ml QL (2 kits / year)	PSKT 4	NDS QL NM PA	HUMIRA 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4	NDS NM PA	HUMIRA 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA	HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA	HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA	HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA	HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA	HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 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
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA	IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 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 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	INFLECTRA SOLR 100mg	4	NDS NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	INFLIXIMAB SOLR 100mg	4	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 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 10mg/0.1ml QL (2 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

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
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 28 days)	4	NDS QL NM PA
OMVOH SOLN 300mg/15ml	4	NDS NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	4	NDS QL NM PA
OMVOH SOSY 100/200 QL (2 syringes / 28 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
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4	NDS QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
STELARA SOLN 130mg/26ml	4	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	4	NDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABs 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABs 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABs 2.5mg	1	
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 NM 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 SOLN 50mg/ml	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
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
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, 10gm/50ml	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

Drug Name	Drug Requirements/ Tier	Limits
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
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
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, 420mg/3ml, 560mg/4ml, 840mg/6ml	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 SOLN 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

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Drug Name	Drug Requirements/ Tier	Limits
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
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>gengraf</i> (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
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (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
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA
NULOJIX SOLR 250mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D NM
<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 SUSY .5ml	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 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	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	

Drug Name	Drug Requirements/ Tier	Limits
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD 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
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
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% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	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% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	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 (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<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 (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	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 (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
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 (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2
<i>magnesium sulfate SOLN 50%</i>	2
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
MG SO4/D5W INJ 10MG/ML	2
<i>multiple electrolytes ph 5.5</i>	1
<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	1
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 SOLN 2meq/ml</i>	1

Drug Name	Drug Requirements/ Tier Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
TPN ELECTROL INJ	3 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con PACK 20meq</i>	1
<i>klor-con 8 TBCR 8meq</i>	1
<i>klor-con 10 TBCR 10meq</i>	1
<i>klor-con m10 TBCR 10meq</i>	1
<i>klor-con m15 TBCR 15meq</i>	1
<i>klor-con m20 TBCR 20meq</i>	1
M-NATAL PLUS TAB	2
POKONZA PACK 10meq	3
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq</i>	1
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
<i>sodium fluoride chew; tab; 1.1 (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

Drug Name	Drug Requirements/ Tier	Limits
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>clinsol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
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	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	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) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVIY SOLN .25%	4	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
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
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 LOTE MAX) GEL .5%; SUSP .5%	1

Drug Name	Drug Requirements/ Tier Limits
<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
TRIESENCE SUSP 40mg/ml	3 PA
XIPERE SUSP 40mg/ml	3 NM PA
YUTIQ IMPL .18mg	4 NDS NM
ANTIALLERGICS	
<i>azelastine hcl (ophth)</i> SOLN .05%	1
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1
BEPREVE SOLN 1.5%	3
<i>cromolyn sodium (ophth)</i> SOLN 4%	1
<i>epinastine hcl (ophth)</i> SOLN .05%	1
ZERVIATE SOLN .24%	3
ANTI GLAUCOMA	
ALPHAGAN P SOLN .1%, .15%	3
AZOPT SUSP 1%	3
<i>betaxolol hcl (ophth)</i> SOLN .5%	1
BETIMOL SOLN .5%	3
BETOPTIC-S SUSP .25%	3
<i>bimatoprost</i> SOLN .03%	1
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1
<i>brimonidine tartrate</i> SOLN .2%	1
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1

Drug Name	Drug Requirements/ Tier	Limits
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (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

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
CEQUA SOLN .09% QL (60 single use vials / 30 days)	3	QL PA
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
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
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
PAVBLU SOSY 2mg/0.05ml	4	NDS 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; SOSY 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	
CIPRO HC SUS OTIC	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
<i>ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac (generic of DERMOTIC) OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	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) SOLN .3%</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	3	QL
QL (2 inhalers / 30 days)		
DUAKLIR AER 400/12	3	QL
QL (1 inhaler / 30 days)		
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5	3	QL
QL (1 inhaler / 30 days)		
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL
QL (60 blisters / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	QL
QL (30 caps / 30 days)		
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL
QL (1 inhaler / 30 days)		
<i>tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg</i>	1	QL
QL (30 caps / 30 days)		
TUDORZA PRESSAIR AEPB 400mcg/act	3	QL
QL (1 inhaler / 30 days)		
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	3	QL
QL (2 inhalers / 30 days)		
YUPELRI SOLN 175mcg/3ml	4	NDS PA
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i>	1	QL
QL (1 bottle / 30 days)		
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50	3	QL
QL (1 bottle / 30 days)		
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	PA
PA applies if 70 years and older		

Drug Name	Drug Requirements/ Tier	Limits
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTIHISTAMINES		
<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
<i>carbinoxamine maleate</i> TABS 6mg PA applies if 70 years and older	3	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days)	4	NDS QL PA
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<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
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	3	PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<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
<i>ryvent</i> TABS 6mg PA applies if 70 years and older	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 Proventil 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> 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
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
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
DALIRESP TABS 250mcg QL (56 tabs / year)	1	B/D
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	3	QL
<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 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
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
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
<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
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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
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
STERIOD 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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>fluticasone propionate</i> (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL
<i>fluticasone propionate</i> (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
QVAR REDHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL
STERIOD/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
<i>brey</i> na (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL PA
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>acutane</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

Drug Name	Drug Requirements/ Tier	Limits
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 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
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</i> 5-3% (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</i> 1.2 (1)-5% 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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1-5% QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-3.75% (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel</i> 1.2-0.025% 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% QL (45 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 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
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	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

Drug Name	Drug Requirements/ Tier	Limits
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
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuc gel</i> 1.2-5% 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</i> <i>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

Drug Name	Drug Requirements/ Tier	Limits
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
DERMATOLOGY, ANTIBIOTICS		
<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</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON 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</i> 1- 0.05% QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
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</i> (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	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 LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> LOTN 2.5% VUSION OIN QL (50 gm / 30 days)	1	
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
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS 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 .05%, .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
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1% QL (90 gm / 30 days)	1	QL PA
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> GEL .05% QL (60 gm / 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
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
DESOWEN CREA .05% QL (60 gm / 30 days)	3	QL PA
<i>desoximetasone</i> CREA .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> CREA .25% QL (100 gm / 30 days)	1	QL
<i>desoximetasone</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) OINT .25% QL (100 gm / 30 days)	1	QL
<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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>halcinonide</i> SOLN .1% QL (120 mL / 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% QL (240 gm / 30 days)	3	QL PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> 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 valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days)	1	QL
LEXETTE FOAM .05% QL (200 gm / 28 days)	3	QL PA
LOCOID LOTN .1% QL (118 mL / 30 days)	3	QL PA
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>texacort</i> SOLN 2.5%	1	
TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
TOPICORT OINT .05% QL (100 gm / 30 days)	3	QL PA
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide</i> (topical) OINT .05% QL (430 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
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
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	

Drug Name	Drug Requirements/ Tier	Limits
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>diclofenac sodium (topical)</i> (generic of PENNSAID) SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
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% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	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

Drug Name	Drug Requirements/ Tier	Limits
<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
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

Drug Name	Drug Requirements/ Tier	Limits
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	
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
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% 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
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
ZELSUVM I GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 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

Drug Name	Drug Requirements/ Tier	Limits
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
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<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
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<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	

Drug Name	Drug Requirements/ Tier Limits
<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
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1

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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	<i>amphotericin b liposome</i>
29	55	9
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	<i>ampicillin</i>
28	56	15
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>
29	56	15
<i>amnesteam</i>	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>
113	56	15
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41	56	15
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>
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15	56	15
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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-833-266-6958 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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 08/26/2025. 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.

08/26/2025