

## ***SilverScript Employer PDP sponsored by HealthChoice (SilverScript)***

# **2025 Formulary (List of Covered Drugs or "Drug List")**

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

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-866-275-5253, 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.

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

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

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

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript 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 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 Formulary?”

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

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

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

## **How do I use the Formulary?**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **Medical Condition**

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

## **What are generic drugs?**

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

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

**Prior Authorization (PA):** Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don’t get approval, we may not cover the drug.

**Quantity Limits (QL):** For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript 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 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 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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

### **How do I request an exception to the SilverScript 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 limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

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

## Initial Coverage Stage Copayment/Coinsurance Levels

### The plan has four Cost-Sharing Tiers

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

**Cost-Sharing Tier 1: Generic**

**Cost-Sharing Tier 2: Preferred Brand**

**Cost-Sharing Tier 3: Non-Preferred Brand**

**Cost-Sharing Tier 4: Specialty (High Cost)**

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

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

	<b>Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$10.00	\$10.00	\$10.33
<b>Tier 2: Preferred Brand</b>	\$45.00	\$45.00	\$46.50
<b>Tier 3: Non-Preferred Brand</b>	\$75.00	\$75.00	\$77.50
<b>Tier 4: Specialty (High Cost)</b>	\$100.00	\$100.00	\$103.33

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Costs shown in the table above reflect the additional coverage that may be provided by HealthChoice. Drugs that are part of your standard Medicare plan, but do not have additional coverage from HealthChoice 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 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](http://www.medicare.gov).

## SilverScript'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 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	Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
ALLOPURINOL TABS 200mg	3		DAYPRO TABS 600mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
ALOPRIM SOLR 500mg	4	NDS	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>diflunisal</i> TABS 500mg	1	
<i>febuxostat</i> TABS 40mg	1	PA	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>febuxostat</i> (generic of ULORIC) TABS 80mg	1	PA	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>probenecid</i> TABS 500mg	1		<i>flurbiprofen</i> TABS 100mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<b>MISCELLANEOUS</b>			<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D	<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>meloxicam</i> TABS 7.5mg, 15mg	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>nabumetone</i> TABS 500mg, 750mg	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>naproxen</i> TABS 250mg, 375mg	1	
<b>NSAIDS</b>			<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
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			

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>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>naproxen sodium</i> TABS 275mg	1		<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>piroxicam</i> CAPS 10mg, 20mg	1		METHADONE HCL INJ SOLN 10mg/ml	3	
<i>sulindac</i> TABS 150mg, 200mg	1		<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1		<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<b>OPIOID ANALGESICS, LONG-ACTING</b>			<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA	<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA	MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	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	MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	4	NDS QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA	<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA	<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA	<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL	<i>fentanyl citrate LPOP</i> 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL	<i>fentanyl citrate TABS</i> 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> QL (300 caps / 30 days)	1	QL	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>butorphanol tartrate SOLN</i> 1mg/ml, 2mg/ml	3		<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i> QL (240 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN</i> 10mg/ml QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>codeine sulfate TABS</i> 30mg QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 2.5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of DILAUDID) LIQD</i> 1mg/ml QL (600 mL / 30 days)	1	QL
<i>endocet tab 7.5-325mg (generic of PERCOCET)</i> QL (240 tabs / 30 days)	1	QL			
<i>endocet tab 10-325mg (generic of PERCOCET)</i> QL (180 tabs / 30 days)	1	QL			
<i>fentanyl citrate LPOP</i> 200mcg QL (120 lozenges / 30 days)	1	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	QL (180 tabs / 30 days)		
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg	1	QL	<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml	1	QL
HYDROMORPHONE	3	B/D	QL (1800 mL / 30 days)		
HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml			<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCOCET)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D	QL (360 tabs / 30 days)		
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET)	1	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL	QL (360 tabs / 30 days)		
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL	<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL	QL (240 tabs / 30 days)		
MORPHINE SULFATE/SODIUM C 1mg/ml	3	B/D	<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET)	1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	B/D	QL (180 tabs / 30 days)		
OXAYDO TABS 5mg	3	QL	<i>oxymorphone hcl</i> TABS 5mg, 10mg	1	QL
OXAYDO TABS 7.5mg	4	NDS QL	QL (180 tabs / 30 days)		
<i>oxycodone hcl</i> CAPS 5mg	1	QL	PERCOCET TAB 2.5-325	4	NDS QL PA
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL	QL (360 tabs / 30 days)		
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL	PERCOCET TAB 5-325MG	4	NDS QL PA
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg	1	QL	QL (360 tabs / 30 days)		
			PERCOCET TAB 7.5-325	4	NDS QL PA
			QL (240 tabs / 30 days)		
			PERCOCET TAB 10-325MG	4	NDS QL PA
			QL (180 tabs / 30 days)		
			ROXICODONE TABS 15mg	3	QL
			QL (180 tabs / 30 days)		
			ROXICODONE TABS 30mg	4	NDS QL
			QL (180 tabs / 30 days)		
			SEGLENTIS TAB 56-44MG	3	QL PA
			QL (120 tabs / 30 days)		
			<i>tramadol hcl</i> TABS 50mg	1	QL
			QL (240 tabs / 30 days)		
			<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL
			QL (240 tabs / 30 days)		
			<i>trexix</i>	1	QL
			QL (300 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANTI-INFECTIVES</b>					
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>					
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL	CLINDMYC/NAC INJ 600/50ML	3	
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA	CLINDMYC/NAC INJ 900/50ML	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA	COLY-MYCIN M SOLR 150mg	3	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA	CUBICIN RF SOLR 500mg	4	NDS
AZACTAM SOLR 1gm, 2gm	3		DALVANCE SOLR 500mg	4	NDS
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		<i>dapsone</i> TABS 25mg, 100mg	1	
BACTRIM DS TAB 800-160	3		DAPTOMY/NACL INJ 350/50ML	3	
BACTRIM TAB 400-80MG	3		DAPTOMY/NACL INJ 500/50ML	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA	<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
BILTRICIDE TABS 600mg	3		DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
CAYSTON SOLR 75mg	4	NDS NM PA	<i>daptomycin</i> SOLR 500mg	4	NDS
CLEOCIN CAPS 75mg, 150mg, 300mg	3		EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3		<i>ertapenem sodium</i> SOLR 1gm	1	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3		FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		FLAGYL CAPS 375mg	3	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		<i>gentamicin in saline inj 2 mg/ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3		<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	

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>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 (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	4	NDS QL
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
MEROP/NAACL INJ 1GM/50ML	3	
MEROP/NAACL INJ 500/50ML	3	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole (generic of FLAGYL) CAPS 375mg</i>	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
ORBACTIV SOLR 400mg	4	NDS
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)</i>	4	NDS QL PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate SOLR 1gm</i>	4	NDS
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine TABS 500mg</i>	4	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOGIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOGIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL

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, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3	
DIFLUCAN TABS 200mg	4	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	4	NDS
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (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	



Drug Name	Drug Requirements/ Tier	Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA TBPK 300mg	4	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM

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>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	1	QL NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	4	NDS NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	4	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	4	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
TRECTOR TABS 250mg	3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<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	
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>CEPHALOSPORINS</b>		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<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	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<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
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1	
ZITHROMAX TRI-PAK TABS 500mg	3		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 200-28.5 mg</i>	1	
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 400-57 mg</i>	1	
<b>FLUOROQUINOLONES</b>			<i>amoxicillin &amp; k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	4	NDS	<i>amoxicillin &amp; k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin &amp; k clavulanate for</i> <i>susp 400-57 mg/5ml</i>	1	
<i>ciprofloxacin 200 mg/100ml in</i> <i>d5w</i>	1		<i>amoxicillin &amp; k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1	
<i>ciprofloxacin 400 mg/200ml in</i> <i>d5w</i>	1		<i>amoxicillin &amp; k clavulanate tab</i> <i>250-125 mg</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1		<i>amoxicillin &amp; k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN)	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1		<i>amoxicillin &amp; k clavulanate tab</i> <i>875-125 mg</i>	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1		<i>amoxicillin &amp; k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	1	
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	1		<i>ampicillin</i> CAPS 500mg	1	
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	1		<i>ampicillin &amp; sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1	
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	1		<i>ampicillin &amp; sulbactam sodium</i> <i>for inj 3 (2-1) gm</i> (generic of UNASYN)	1	
<i>moxifloxacin hcl</i> TABS 400mg	1		<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 1.5 (1-0.5) gm</i>	1	
<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium chloride</i> <i>0.8% inj</i>	1		<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 3 (2-1) gm</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3		<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1	
<b>PENICILLINS</b>			<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1		AUGMENTIN SUS 125/5ML	3	
AMOXICILLIN SUSR 400mg/5ml	3		AUGMENTIN SUS ES-600	3	
			AUGMENTIN TAB 500MG	3	
			BICILLIN C-R INJ 900/300	3	

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Drug Name	Drug Requirements/ Tier	Limits
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
NAFCILLIN INJ 1GM/50ML	4	NDS
NAFCILLIN INJ 2GM/100	4	NDS
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	4	NDS
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	

Drug Name	Drug Requirements/ Tier	Limits
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<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 hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
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	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>MOLECULAR TARGET AGENTS</b>					
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA	COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA	CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS 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 SOL FASPRO	4	NDS NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA	DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA	DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
			ENHERTU SOLR 100mg	4	NDS NM PA
			EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
			ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM

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
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA	HERCEP HYLEC SOL 60- 10000	4	NDS NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	HERCEPTIN SOLR 150mg	4	NDS NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA	HERZUMA SOLR 150mg, 420mg	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	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 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
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA
FYARRO SUSR 100mg	4	NDS NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA	IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 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
			JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM	LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA	LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA	LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	MARGENZA SOLN 250mg/10ml	4	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
			MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA	POLIVY SOLR 30mg, 140mg	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA	POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA	RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA	RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OPDUALAG SOL	4	NDS NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PHESGO SOL	4	NDS NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA	TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA	VELCADE SOLR 3.5mg	4	NDS NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM	VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TRODELVY SOLR 180mg	4	NDS NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	4	NDS QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA

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
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
<b>PROTECTIVE AGENTS</b>		
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
MESNEX TABS 400mg	4	NDS
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
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	
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril &amp; 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
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<b>ACE INHIBITORS</b>		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl (generic of LOTENSIN)</i> TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate (generic of EPANED)</i> SOLN 1mg/ml	1	
<i>enalapril maleate (generic of VASOTEC)</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril (generic of ZESTRIL)</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl (generic of ACCUPRIL)</i> TABS 5mg, 10mg, 20mg, 40mg	1	



Drug Name	Drug Requirements/ Tier	Limits
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPIRA) TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
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	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160- 12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160- 25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
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</i> tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 50-12.5 mg (generic of HYZAAR)	1	
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 100-12.5 mg (generic of HYZAAR)	1	
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 100-25 mg (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
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL	BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL	BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-12.5MG 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
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL	COZAAR TABS 25mg, 50mg, 100mg	3	
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	3	QL	DIOVAN TABS 40mg, 80mg, 160mg QL (60 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	DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg 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	<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	3	QL	<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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN	1	
50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg		
<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	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<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>colestevlam 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

Drug Name	Drug Requirements/ Tier	Limits
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
prevalite PACK 4gm	1	
prevalite (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	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5- 6.25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1		KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1		<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1		LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1		<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1		<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
ZIAC TAB 2.5/6.25	3		<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
ZIAC TAB 5-6.25MG	3		<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1	
ZIAC TAB 10/6.25	3		<i>nadolol</i> TABS 80mg	1	
<b>BETA-BLOCKERS</b>			<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>pindolol</i> TABS 5mg, 10mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1		<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL	<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL	TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL	<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg	1	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		<i>amlodipine besylate</i> TABS 10mg	1	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL	CARDIZEM TABS 30mg, 60mg, 120mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS	CARDIZEM CD CP24 120mg	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
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 3 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</i> <i>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	
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp;</i> <i>hydrochlorothiazide tab 5-50</i> <i>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 PA KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
EDECIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	4	NDS NM PA
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	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
DEMSEER CAPS 250mg	4	NDS NM PA
DIBENZYLINE CAPS 10mg	4	NDS PA
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA
<b>NITRATES</b>		
ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
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
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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> ) (generic of REVATIO) 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 TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>CENTRAL NERVOUS SYSTEM</b>					
<b>ANTI-ANXIETY</b>					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA	<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<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		<b>ANTIDEMENTIA</b>		
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL	ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA	ARICEPT TABS 10mg, 23mg	3	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL	<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1		<i>donepezil hydrochloride</i> TBDP 10mg	1	
			EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIDEPRESSANTS</b>		
<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
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
CELEXA TABS 10mg, 20mg, 40mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
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> (generic of PAXIL) 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 SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	
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	
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	
<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
<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	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
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
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
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</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	1	
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	1	
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	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
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL

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
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
<b>ANTIPSYCHOTICS</b>		
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> TBPk 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST	CLOZARIL TABS 25mg, 50mg	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	CLOZARIL TABS 200mg QL (120 tabs / 30 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 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	FANAPT PAK QL (2 packs / year)	3	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1		GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL	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> (generic of HALDOL DECANOATE 50) 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	

Drug Name	Drug Requirements/ Tier	Limits
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
<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, 10mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
<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	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REXULTI TABS 3mg, 4mg QL (30 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
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL	SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL	SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3		SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	3	QL	SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL	SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>risperidone</i> TABS .25mg	1		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST	UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST	UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 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

Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL ST
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL ST
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL ST
<b>ANTISEIZURE AGENTS</b>		
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
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	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
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

Drug Name	Drug Requirements/ Tier	Limits
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 (anticonvulsant)</i> 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	
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>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL	<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS	<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS	<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS ST	<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL ODT KIT BLUE	3		LEVETIRACETA INJ 5MG/ML	3	
LAMICTAL ODT KIT GREEN	3		LEVETIRACETA INJ 10MG/ML	3	
LAMICTAL ODT KIT ORANGE	3		LEVETIRACETA INJ 15MG/ML	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR KIT	3		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	3	QL
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<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			

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
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
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	
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	4	NDS PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
TOPAMAX SPRINKLE CPSP 3 15mg	3	
TOPAMAX SPRINKLE CPSP 4 25mg	4	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<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	
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



Drug Name	Drug Requirements/ Tier	Limits
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 40mg</i> QL (60 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i> 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 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
			AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
			CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA	DYANAVEL XR CHER 5mg QL (60 tabs / 30 days)	3	QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA	DYANAVEL XR CHER 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA	DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA	FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 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 TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA	FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA	FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 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 15mg QL (120 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> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 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> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
			JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 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> (generic of CONCERTA) TBCR 18mg, 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> (generic of CONCERTA) TBCR 54mg QL (30 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	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 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 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
			QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
			QELBREE CP24 150mg QL (60 caps / 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
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
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

Drug Name	Drug Requirements/ Tier	Limits
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
<b>HYPNOTICS</b>		
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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<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> (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
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA	<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST	GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL ST	GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
<b>MISCELLANEOUS</b>			HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA	<i>lithium</i> SOLN 8meq/5ml	1	
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA	LITHOBID TBCR 300mg	4	NDS
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA	MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA	MESTINON TIMESPAN TBCR 180mg	4	NDS
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA	<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA	<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
EQUETRO CP12 100mg, 200mg, 300mg	3		<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
EVRYSDI SOLR .75mg/ml	4	NDS NM PA			
EXSERVAN FILM 50mg QL (60 films / 30 days)	4	NDS QL NM PA			
FIRDAPSE TABS 10mg	4	NDS NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA	PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA	TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA	<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA	VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA	ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA	ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA	<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA	<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	1	PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA	<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA	<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA	<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA	BOTOX SOLR 100unit, 200unit	4	NDS PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM 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, 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
LYVISPAH PACK 5mg, 10mg, 20mg	3	PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>SUBOXONE MIS 4-1MG</i> QL (90 films / 30 days)	3	QL
<i>SUBOXONE MIS 8-2MG</i> QL (90 films / 30 days)	3	QL
<i>SUBOXONE MIS 12-3MG</i> QL (60 films / 30 days)	3	QL
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
<i>VIVITROL SUSR 380mg</i>	4	NDS NM
<i>ZIMHI SOSY 5mg/0.5ml</i>	3	
<i>ZUBSOLV SUB 0.7-0.18</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 1.4-0.36</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 2.9-0.71</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 5.7-1.4</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 8.6-2.1</i> QL (60 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 11.4-2.9</i> QL (30 tabs / 30 days)	3	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>ANDROGEL PUMP GEL 1.62%</i> QL (150 gm / 30 days)	3	QL PA
<i>AVEED SOLN 750mg/3ml</i>	3	NM PA
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>JATENZO CAPS 158mg, 198mg</i> QL (120 caps / 30 days)	3	QL PA
<i>JATENZO CAPS 237mg</i> QL (60 caps / 30 days)	4	NDS QL PA
<i>methyltestosterone CAPS 10mg</i> QL (600 caps / 30 days)	4	NDS QL PA
<i>NATESTO GEL 5.5mg/act</i> QL (21.96 gm / 30 days)	3	QL PA
<i>TESTIM GEL 1%</i> QL (300 gm / 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>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA	<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA	<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days)	1	QL PA	<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA	<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA	<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
<b>ANTIDIABETICS</b>			GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1		GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
<i>liraglutide</i> SOPN 18mg/3ml 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 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 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
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
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	2	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN PEN NEEDLES: BD- EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD- EMBECTA	2	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA
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
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
<b>CALCIUM REGULATORS</b>		
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
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	



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

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

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Drug Name	Drug Requirements/ Tier Limits
<i>camrese lo</i>	1
<i>chateal eq</i>	1
<i>cryselle-28</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1
<i>daysee</i>	1
<i>deblitane</i> TABS .35mg	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>falmina</i>	1
<i>finzala</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15- 0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	1		nikki (generic of YAZ)	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1		nora-be TABS .35mg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	1		norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg	1		norethindrone & ethinyl estradiol-fe chew tab 0.8 mg- 25 mcg	1	
levora 0.15/30-28	1		norethindrone (contraceptive) TABS .35mg	1	
LILETTA IUD 20.1mcg/day	2	NM	norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1-35 mg-mcg	1	
LO LOESTRIN TAB 1-10-10	3		norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
loestrin 1.5/30-21	1		norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
loestrin 1/20-21	1		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
loestrin fe 1.5/30	1		norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
loestrin fe 1/20	1		norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
loryna (generic of YAZ)	1		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
low-ogestrel	1		norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (generic of ORTHO TRI- CYCLEN LO)	1	
lutra	1		norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	1	
lyleq TABS .35mg	1		norlyroc TABS .35mg	1	
lyza TABS .35mg	1		nortrel 0.5/35 (28)	1	
marlissa	1		nortrel 1/35 (21)	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1		nortrel 1/35 (28)	1	
merzee (generic of TAYTULLA)	1		nortrel 7/7/7	1	
mibelas 24 fe	1		nylia 1/35	1	
microgestin 1.5/30	1		nylia 7/7/7	1	
microgestin 1/20	1		nymyo	1	
microgestin 24 fe	1		ocella (generic of YASMIN 28)	1	
microgestin fe 1.5/30	1		PHEXXI GEL	3	
microgestin fe 1/20	1				
mili	1				
mono-linyah	1				
NATAZIA TAB	3				
necon 0.5/35-28	1				
NEXPLANON IMPL 68mg	2	NM			
NEXTSTELLIS TAB 3- 14.2MG	3	PA			

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Drug Name	Drug Requirements/ Tier Limits
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
SAFYRAL TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
<b>ESTROGENS</b>	
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
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
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 .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	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	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	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	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS 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 200mg/ml	3	B/D
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
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
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</i> <i>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
ELFABRIO SOLN 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</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

Drug Name	Drug Requirements/ Tier	Limits
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
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>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXP 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

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

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



Drug Name	Drug Requirements/ Tier	Limits
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
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
<b>PROGESTINS</b>		
CRINONE GEL 4%, 8% <i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	3	PA
<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	
<b>THYROID AGENTS</b>		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	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	
<b>VITAMIN D ANALOGS</b>			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, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	EMEND CAPS 80mg	3	B/D
<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 TRIPAC PAK 80 & 125	3	B/D
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	FOCINVEZ SOLN 150mg/50ml	3	
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<b>GASTROINTESTINAL ANTIEMETICS</b>			GIMOTI SOLN 15mg/act	4	NDS PA
AKYNZEO CAP 300-0.5	3	B/D	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
AKYNZEO INJ 235-0.25	3	NM	<i>granisetron hcl</i> TABS 1mg	1	B/D
AKYNZEO INJ 235- 0.25MG/20ML	3	NM	MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
APONVIE EMUL 32mg/4.4ml	3		<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
BONJESTA TAB 20-20MG	3		<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
			<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
			PALONOSETRON	3	
			HYDROCHLORID SOLN .25mg/2ml		

Drug Name	Drug Requirements/ Tier	Limits
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>prochlorperazine</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
<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	
<i>scopolamine</i> (generic of TRANSDERM-SCOP) 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	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	4	NDS B/D QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTISPASMODICS</b>		
<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	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<b>LAXATIVES</b>		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf</i> <i>oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
<b>MISCELLANEOUS</b>		
<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
<i>amoxicil cap &amp; clarithro tab</i> <i>&amp; lansopraz cap dr 500 &amp; 500</i> <i>&amp; 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
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</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq</i> <i>2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab</i> <i>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

Drug Name	Drug Requirements/ Tier	Limits
GATTEX KIT 5mg	4	NDS NM PA
HELIDAC MIS THERAPY	4	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVMARLI SOLN 9.5mg/ml	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
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	
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 10500UNIT	3	
PANCREAZE CAP 16800UNIT	3	
PANCREAZE CAP 21000UNIT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	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
SUCRAID SOLN 8500unit/ml	4	NDS NM PA
<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	1	

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

Drug Name	Drug Requirements/ Tier	Limits
esomeprazole magnesium (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
esomeprazole sodium (generic of NEXIUM I.V.) SOLR 40mg	1	
lansoprazole CPDR 15mg QL (60 caps / 30 days)	1	QL
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
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
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	QL
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
rabeprazole sodium (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
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	3	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
FLOMAX CAPS .4mg QL (60 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu</i> <i>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	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
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	
<b>URINARY ANTISPASMODICS</b>		
<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, 4mg 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
GELNIQUE GEL 10% QL (30 gm / 30 days)	3	QL ST
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 5mg QL (120 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	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
<b>VAGINAL ANTI-INFECTIVES</b>		
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	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
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> CAPS 75mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 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 TBPK 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	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS



Drug Name	Drug Requirements/ Tier	Limits
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS 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
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
<b>MISCELLANEOUS</b>		
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

Drug Name	Drug Requirements/ Tier	Limits
CABLIVI KIT 11mg	4	NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DOPTELET TABS 20mg	4	NDS NM PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
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
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	4	NDS NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
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

Drug Name	Drug Requirements/ Tier	Limits
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
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	
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
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 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
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 100mg/0.67ml	4	NDS NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 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
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
RENFLXIS SOLR 100mg	4	NDS NM PA
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
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
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
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	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
CYTOGAM INJ 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
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	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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM PA
PALFORZIA CAP ESCALAT	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<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
ENVARUS XR TB24 4mg	4	NDS B/D NM
ENVARUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (immunosuppressant) (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
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	4	NDS B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) 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
<b>VACCINES</b>		
ABRYVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MENVEO SOL	1		<i>dextrose 5% in lactated ringers</i>	1	
PEDIARIX INJ 0.5ML	1		<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1		<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	
PENBRAYA INJ	1		<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
PENTACEL INJ	1		<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D	<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
PRIORIX INJ	1		<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
PROQUAD INJ	1		ISOLYTE-P INJ /D5W	3	
QUADRACEL INJ	1		ISOLYTE-S INJ	3	
QUADRACEL INJ 0.5ML	1		ISOLYTE-S INJ PH 7.4	3	
RABAVERT INJ	1	B/D	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
ROTARIX SUS	1		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
ROTATEQ SOL	1		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	
TDVAX INJ 2-2 LF	1	B/D	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	
TENIVAC INJ 5-2LF	1	B/D	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1		<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
TRUMENBA INJ	1		<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	1	
TWINRIX INJ	1		<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1				
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1				
VARIVAX INJ 1350pfu/0.5ml	1				
YF-VAX INJ	1				
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>					
D2.5W/NACL INJ 0.45%	3				
D5W/LYTES INJ #48	3				
D10W/NACL INJ 0.2%	2				
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1				

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	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</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> SOLN 50%	2
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
MG SO4/D5W INJ 10MG/ML	2
<i>multiple electrolytes ph 5.5</i>	1
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
POT CHL 20MEQ/L IN NACL 0.9% INJ	3
POT CHL 20MEQ/L IN NACL 0.45% INJ	3
POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>potassium chloride</i> SOLN 2meq/ml	1
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1

Drug Name	Drug Requirements/ Tier Limits
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
<i>klor-con</i> PACK 20meq	1
<i>klor-con 8</i> TBCR 8meq	1
<i>klor-con 10</i> TBCR 10meq	1
<i>klor-con m10</i> TBCR 10meq	1
<i>klor-con m15</i> TBCR 15meq	1
<i>klor-con m20</i> TBCR 20meq	1
M-NATAL PLUS TAB	2
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
WESTAB PLUS TAB 27-1MG	2
<b>IV NUTRITION</b>	
CLINIMIX E INJ 2.75/D5W	3 B/D
CLINIMIX E INJ 4.25/D5W	3 B/D
CLINIMIX E INJ 4.25/D10	3 B/D
CLINIMIX E INJ 5%/D15W	3 B/D
CLINIMIX E INJ 5%/D20W	3 B/D
CLINIMIX E INJ 8/10	3 B/D
CLINIMIX E INJ 8/14	3 B/D
CLINIMIX INJ 4.25/D5W	3 B/D
CLINIMIX INJ 4.25/D10	3 B/D
CLINIMIX INJ 5%/D15W	3 B/D
CLINIMIX INJ 5%/D20W	3 B/D
CLINIMIX INJ 6/5	3 B/D
CLINIMIX INJ 8/10	3 B/D
CLINIMIX INJ 8/14	3 B/D
<i>clinisol sf 15%</i>	1 B/D
CLINOLIPID EMU 20%	3 B/D
<i>dextrose</i> SOLN 5%, 10%	1



Drug Name	Drug Requirements/ Tier	Limits
dextrose SOLN 50%, 70%	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
plenamine	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**

bacitracin-polymyxin- neomycin-hc ophth oint 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	

**ANTI-INFECTIVES**

AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	

Drug Name	Drug Requirements/ Tier	Limits
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN 1.5%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL
QL (12 mL / 30 days)		
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
neo-polycin 5(3.5)mg-400unt- 10000unt op oin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml	1	
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
TOBEX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMZY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	

**ANTI-INFLAMMATORIES**

ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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	
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	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC 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	

Drug Name	Drug Requirements/ Tier	Limits
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
<b>ANTIALLERGICS</b>		
<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	
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<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	
<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	

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>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>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	
<b>MISCELLANEOUS</b>		
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
CIMERLI SOLN .3mg/0.05ml	3	NM PA
CIMERLI SOLN .5mg/0.05ml	4	NDS NM PA
CYSTARAN 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
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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
VABYSMO SOLN 6mg/0.05ml	4	NDS NM PA
XIIDRA SOLN 5%	2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (generic of HYDROCORTISONE/ACETIC ACI)	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL

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
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
<b>ANTIHISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine vc</i> PA applies if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
<b>ANTIHISTAMINES</b>		
<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>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> 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
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<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
VISTARIL CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
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
<b>LEUKOTRIENE MODULATORS</b>		
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	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<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	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 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

Drug Name	Drug Requirements/ Tier	Limits
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
<b>NASAL STEROIDS</b>		
<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 ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST
<b>STEROID INHALANTS</b>		
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
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 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>breyana</i> (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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<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	<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
<b>TOPICAL DERMATOLOGY, ACNE</b>			ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA	ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA	AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL	BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL	CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA	<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA	CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA	<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA	<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA	<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
			<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
			<i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days)	1	QL
			<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
			<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL



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 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN GEL .3% QL (45 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
ERYGEL GEL 2% QL (60 gm / 30 days)	3	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL

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

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
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox GEL .77% QL (100 gm / 30 days)	1	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	1	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35% QL (50 gm / 30 days)	1	QL PA
naftifine hcl CREA 1% QL (90 gm / 30 days)	1	QL
naftifine hcl CREA 2% QL (60 gm / 30 days)	1	QL
naftifine hcl (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
selenium sulfide LOTN 2.5%	1	
VUSION OIN QL (50 gm / 30 days)	3	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA	<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
ENSTILAR AER QL (120 gm / 30 days)	4	NDS QL PA	<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS	<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA	<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA	<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA	<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA	<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA	<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA	CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA	CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL
<b>DERMATOLOGY, CORTICOSTEROIDS</b>					
<i>ala-cort</i> CREA 1% QL (60 mL / 30 days)	1	QL	<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	1	QL	DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL	DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<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			

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> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
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-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1% QL (80 gm / 30 days)	4	NDS QL
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
DYCLOPRO SOLN .5%	3	
<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA	EFUDEX CREA 5% QL (40 gm / 30 days)	3	QL
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL	ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA	<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA	<i>hydrocortisone (rectal)</i> CREA 1% 1%	1	
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA	<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>					
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL	HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA
ANUSOL-HC CREA 2.5%	3		<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL	KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA	<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA	METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL	METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL PA
CORTIFOAM FOAM 10%	3		<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL	<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA	<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL	MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<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	
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX 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	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
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<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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

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The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-866-275-5253 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.com).

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 1-866-275-5253 (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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.

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

08/19/2024