



SilverScript Employer PDP sponsored by The Maryland-National Capital Park and Planning Commission (SilverScript)

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-866-270-3759, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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, 2024. 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, 2025, and from time to time during the year.

What is the SilverScript Formulary?

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*.

Please note: The Maryland-National Capital Park and Planning Commission provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by The Maryland-National Capital Park and Planning Commission covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefit.

Can the Formulary (drug list) 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.

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

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. 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?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and 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 that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug 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 brand-name drug for you. 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2024. 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 midyear 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.

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 physician 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.

The Maryland-National Capital Park and Planning Commission offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript 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 cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three 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

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 & Family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 30-day supply available at any network pharmacy)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$8.00	\$16.00	\$8.00
Tier 2: Preferred Brand	\$16.00	\$32.00	\$16.00
Tier 3: Non-Preferred Brand	\$25.00	\$40.00	\$25.00

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

Costs shown in the table above reflect the additional coverage that may be provided by The Maryland-National Capital Park and Planning Commission. Drugs that are part of your standard Medicare plan, but do not have additional coverage from The Maryland-National Capital Park and Planning Commission would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 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.

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.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-866-270-3759, 24 hours a day, 7 days a week. TTY users should call 711.
- 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.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)</i>	1	
ALLOPURINOL TABS 200mg	3		<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)</i>	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>diflunisal</i> TABS 500mg	1	
ALOPRIM SOLR 500mg	3	NDS	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	FELDENE CAPS 10mg, 20mg	3	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA	<i>flurbiprofen</i> TABS 100mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>probenecid</i> TABS 500mg	1		<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA if 70 years and older	1	QL PA
ZYLOPRIM TABS 100mg, 300mg	3		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
NSAIDS			<i>meloxicam</i> TABS 7.5mg, 15mg	1	
ARTHROTEC 50 TAB	3		<i>nabumetone</i> TABS 500mg, 750mg	1	
ARTHROTEC 75 TAB	3		<i>naproxen</i> TABS 250mg, 375mg	1	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL	<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL	<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	<i>naproxen sodium</i> TABS 275mg	1	
DAYPRO TABS 600mg	3				
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL			
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1		<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>sulindac</i> TABS 150mg, 200mg	1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>tolmetin sodium</i> TABS 600mg	1		METHADONE HCL INJ SOLN 10mg/ml	3	
OPIOID ANALGESICS, LONG-ACTING			<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA	<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA	<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA	MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA	MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS 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	OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA	<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA	OPIOID ANALGESICS, SHORT-ACTING		
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	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)	3	NDS QL PA
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL	<i>fentanyl citrate TABS</i> 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	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)	3	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)	3	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
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trexix</i> QL (300 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANESTHETICS					
LOCAL ANESTHETICS					
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D	<i>clindamycin palmitate</i> <i>hydrochloride (generic of</i> CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>clindamycin phosphate in d5w</i> <i>iv soln 300 mg/50ml</i>	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>clindamycin phosphate in d5w</i> <i>iv soln 600 mg/50ml</i>	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>clindamycin phosphate in d5w</i> <i>iv soln 900 mg/50ml</i>	1	
ANTI-INFECTIVES					
ANTI-INFECTIVES - MISCELLANEOUS					
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL	CLINDMYC/NAC INJ 300/50ML	3	
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	3	NDS QL PA	CLINDMYC/NAC INJ 600/50ML	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		CLINDMYC/NAC INJ 900/50ML	3	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA	<i>colistimethate sodium (generic</i> of COLY-MYCIN M) SOLR 150mg	1	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		COLY-MYCIN M SOLR 150mg	3	
AZACTAM SOLR 1gm, 2gm	3		CUBICIN RF SOLR 500mg	3	NDS
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		DALVANCE SOLR 500mg	3	NDS
BACTRIM DS TAB 800-160	3		<i>dapsone</i> TABS 25mg, 100mg	1	
BACTRIM TAB 400-80MG	3		<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
BETHKIS NEBU 300mg/4ml	3	NDS NM LA PA	DAPTOMYCIN SOLR 350mg, 500mg	3	NDS
BILTRICIDE TABS 600mg	3		<i>daptomycin</i> SOLR 500mg	3	NDS
CAYSTON SOLR 75mg	3	NDS NM LA PA	EMVERM CHEW 100mg QL (12 tabs / year)	3	NDS QL
CLEOCIN CAPS 75mg, 150mg, 300mg	3		<i>ertapenem sodium</i> SOLR 1gm	1	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3		FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3		FLAGYL CAPS 375mg	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i>	1	
			<i>gentamicin in saline inj 1</i> <i>mg/ml</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	Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1		<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1		<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1		NEBUPENT SOLR 300mg	3	B/D
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1		<i>neomycin sulfate TABS 500mg</i>	1	
HIPREX TABS 1gm	3		<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	3	NDS QL
HUMATIN CAPS 250mg	3	NDS	<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1		<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1		ORBACTIV SOLR 400mg	3	NDS
IMPAVIDO CAPS 50mg	3	NDS PA	<i>paromomycin sulfate CAPS 250mg</i>	1	
INVANZ SOLR 1gm	3		PENTAM 300 SOLR 300mg	3	
<i>ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL PA	<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
KIMYRSA SOLR 1200mg	3	NDS	<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
KITABIS PAK NEBU 300mg/5ml	3	NDS NM LA PA	<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1		<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	3	NDS QL	PRIMAXIN IV INJ 500MG	3	
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL	<i>pyrimethamine (generic of DARAPRIM) TABS 25mg</i>	3	NDS PA
LINEZOLID INJ 2MG/ML	1		RECARBRIO INJ 1.25GM	3	NDS
MACROBID CAPS 100mg	3		SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
MEPRON SUSP 750mg/5ml	3	NDS	SOLOSEC PACK 2gm	3	
MEROP/NACL INJ 1GM/50ML	3		<i>streptomycin sulfate SOLR 1gm</i>	3	NDS
MEROP/NACL INJ 500/50ML	3		STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>meropenem SOLR 1gm, 500mg</i>	1		<i>sulfadiazine TABS 500mg</i>	3	NDS
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1		<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>metronidazole (generic of FLAGYL) CAPS 375mg</i>	1				
METRONIDAZOLE SOLN 500mg/100ml	3				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1		VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1		VANCOMYCIN INJ 1 GM	3	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1		VANCOMYCIN INJ 500MG	3	
<i>tinidazole TABS 250mg, 500mg</i>	1		VANCOMYCIN INJ 750MG	3	
TOBI NEBU 300mg/5ml	3	NDS NM LA PA	VIBATIV SOLR 750mg	3	NDS
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA	XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM
<i>tobramycin (generic of BETHKIS) NEBU 300mg/4ml</i>	3	NDS NM PA	XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	3	NDS NM PA	ZEMDRI SOLN 500mg/10ml	3	NDS
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1		ZYVOX SOLN 200mg/100ml	3	NDS
<i>trimethoprim TABS 100mg</i>	1		ZYVOX SOLN 600mg/300ml	3	
VABOMERE INJ 2GM(1-1)	3	NDS	ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
VANCOGIN CAPS 125mg QL (80 caps / 180 days)	3	NDS QL	ZYVOX TABS 600mg QL (60 tabs / 30 days)	3	NDS QL
VANCOGIN CAPS 250mg QL (160 caps / 180 days)	3	NDS QL	ANTIFUNGALS		
VANCOMYCIN SOLN 2000mg/400ml	3		ABELCET SUSP 5mg/ml	3	B/D
<i>vancomycin hcl (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days)</i>	1	QL	AMBISOME SUSR 50mg	3	NDS B/D
<i>vancomycin hcl (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days)</i>	1	QL	<i>amphotericin b SOLR 50mg</i>	1	B/D
<i>vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	1		<i>amphotericin b liposome (generic of AMBISOME) SUSR 50mg</i>	3	NDS B/D
<i>vancomycin hcl (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)</i>	1	QL	ANCOBON CAPS 250mg, 500mg	3	NDS PA
			CANCIDAS SOLR 50mg, 70mg	3	NDS
			CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
			<i>casposungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg</i>	1	
			CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
			DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	3	
			DIFLUCAN TABS 200mg	3	NDS
			ERAXIS SOLR 50mg	3	
			ERAXIS SOLR 100mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole</i> TABS 50mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	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	3	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
MYCAMINE SOLR 50mg, 100mg	3	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	3	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	3	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
REZZAYO SOLR 200mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	3	NDS
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	3	NDS PA
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL PA
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	QL PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<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

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
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	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)	3	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	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	3	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM LA
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM

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

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
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMBIVIR TAB 150-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	3	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	3	NDS QL NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	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
EPZICOM TAB 600-300	3	NDS NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	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	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI LO TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRIZIVIR TAB	3	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	3	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	3	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	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	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	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	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
PEGASYS SOLN 180mcg/ml; 3 SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	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	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	3	NDS QL PA
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	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	3	NDS NM
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CEPHALOSPORINS					
AVYCAZ INJ 2-0.5GM	3	NDS	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1		<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
CEFACLOR ER TB12 500mg	3		<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFAZOLIN SOLR 2gm, 3gm	3		FETROJA SOLR 1gm	3	NDS
CEFAZOLIN INJ 1GM/50ML	3		SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3		TEFLARO SOLR 400mg, 600mg	3	NDS
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1		ZERBAXA INJ 1.5GM	3	NDS
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3		ERYTHROMYCINS/MACROLIDES		
<i>cefepime hcl</i> SOLR 1gm, 2gm	1		<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
CEFEPIME/DEX INJ 1GM	3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
CEFEPIME/DEX INJ 2GM	3		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1		<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
<i>cefixime</i> SUSR 100mg/5ml	1		DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1		<i>e.e.s. 400</i> TABS 400mg	1	
CEFOXITIN INJ 1GM	3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
CEFOXITIN INJ 2GM	3		ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1		<i>erythrocin stearate</i> TABS 250mg	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1				
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1				
CEFTAZIDIME/ SOL D5W 1GM	3				
CEFTAZIDIME/ SOL D5W 2GM	3				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS	<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium chloride</i> <i>0.8% inj</i>	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		PENICILLINS		
ZITHROMAX TRI-PAK TABS 500mg	3		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i>	1	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	1	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1		<i>amoxicillin & 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 & 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 & k clavulanate tab</i> <i>250-125 mg</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1		<i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN)	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i>	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1		<i>ampicillin</i> CAPS 500mg	1	
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	1		<i>ampicillin & sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1	
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	1		<i>ampicillin & sulbactam sodium</i> <i>for inj 3 (2-1) gm</i> (generic of UNASYN)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm	1		<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	1	
<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1		<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1		<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	1	
AUGMENTIN TAB 500MG	3		UNASYN INJ 1.5GM	3	
BICILLIN C-R INJ 900/300	3		UNASYN INJ 3GM	3	
BICILLIN C-R INJ 1200000	3		UNASYN INJ 15GM	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3		ZOSYN SOL 2-0.25GM	3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1		ZOSYN SOL 3-0.375G	3	
NAFCILLIN INJ 1GM/50ML	3	NDS	ZOSYN SOL 4-0.50GM	3	
NAFCILLIN INJ 2GM/100	3	NDS	TETRACYCLINES		
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1		<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>nafcillin sodium</i> SOLR 10gm	3	NDS	<i>doxy 100</i> SOLR 100mg	1	
OXACILLIN INJ 1GM	3		<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1	
OXACILLIN INJ 2GM	3		<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1		<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
PEN GK/DEXTR INJ 20000/ML	3		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
PEN GK/DEXTR INJ 40000/ML	3		<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
PEN GK/DEXTR INJ 60000/ML	3		MINOLIRA TB24 105mg, 135mg	3	PA
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1		NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
PENICILLIN G PROCAINE SUSP 600000unit/ml	3		<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>penicillin g sodium</i> SOLR 5000000unit	1		TIGECYCLINE SOLR 50mg	3	NDS
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1				

Drug Name	Drug Requirements/ Tier	Limits
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS
TYGACIL SOLR 50mg	3	NDS
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	3	
XERAIVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	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	3	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
VALSTAR SOLN 40mg/ml	3	NDS B/D NM LA
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	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	3	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	3	NDS QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	3	NDS QL NM LA 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
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	3	NDS QL NM LA PA	FASLODEX SOSY 250mg/5ml	3	NDS B/D
<i>mercaptopurine</i> TABS 50mg	1		FEMARA TABS 2.5mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D	FIRMAGON SOLR 80mg	3	NM PA
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	3	NDS QL NM LA PA	FIRMAGON SOLR 120mg/vial	3	NDS NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D	<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D	<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
PURIXAN SUSP 2000mg/100ml	3	NDS NM LA	LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
TABLOID TABS 40mg	3		<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
VIDAZA SUSR 100mg	3	NDS B/D NM LA	LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS			LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	3	NDS QL NM PA	LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM PA	LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1		LYSODREN TABS 500mg	3	NDS NM LA
ARIMIDEX TABS 1mg	3	NDS	<i>megestrol acetate</i> TABS 20mg, 40mg	2	
AROMASIN TABS 25mg	3	NDS	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1		NUBEQA TABS 300mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
CASODEX TABS 50mg	3	NDS	ORGOVYX TABS 120mg	3	NDS NM LA PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA	ORSERDU TABS 86mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
EMCYT CAPS 140mg	3	NDS	ORSERDU TABS 345mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	SOLTAMOX SOLN 10mg/5ml	3	NDS
ERLEADA TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
EULEXIN CAPS 125mg	3	NDS	<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1		TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
FARESTON TABS 60mg	3	NDS	XTANDI CAPS 40mg QL (120 caps / 30 days)	3	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
XTANDI TABS 40mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
YONSA TABS 125mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	3	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM LA PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	3	NDS QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	3	NDS QL NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	3	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
MATULANE CAPS 50mg	3	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAR SOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA PA
SYNRIBO SOLR 3.5mg	3	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	3	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
WELIREG TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM LA
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	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
ETOPOPHOS SOLR 100mg	3	B/D	BALVERSA TABS 3mg QL (84 tabs / 28 days)	3	NDS QL NM LA PA
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D	BALVERSA TABS 4mg QL (56 tabs / 28 days)	3	NDS QL NM LA PA
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM	BALVERSA TABS 5mg QL (28 tabs / 28 days)	3	NDS QL NM LA PA
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM	BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA PA	BELEODAQ SOLR 500mg	3	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D	BESPONSA SOLR .9mg	3	NDS NM LA PA
PACLITAXEL INJ 100MG	3	NDS B/D NM	BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	3	NDS NM PA
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D	BOSULIF TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
MOLECULAR TARGET AGENTS					
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	3	NDS QL NM LA PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	3	NDS QL NM LA PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	3	NDS QL NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	3	NDS QL NM LA PA
			COMETRIQ KIT 140MG QL (112 caps / 28 days)	3	NDS QL NM LA 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
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	3	NDS QL NM LA PA	EXKIVITY CAPS 40mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	3	NDS QL NM LA PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA	FYARRO SUSR 100mg	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
DARZALEX SOL FASPRO	3	NDS NM LA PA	GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	3	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA	GLEEVEC TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
ENHERTU SOLR 100mg	3	NDS NM LA PA	GLEEVEC TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM LA PA	HERCEP HYLEC SOL 60- 10000	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM	HERCEPTIN SOLR 150mg	3	NDS NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
			IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
			IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	3	NDS QL NM LA PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
IRESSA TABS 250mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA	LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
KANJINTI SOLR 150mg, 420mg	3	NDS NM LA PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	3	NDS QL NM LA PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	3	NDS QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	3	NDS QL NM LA PA			
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	3	NDS QL NM LA PA			

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	3	NDS QL NM LA PA
MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	3	NDS QL NM LA PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
MONJUVI SOLR 200mg	3	NDS NM LA PA
MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
OGIVRI SOLR 150mg	3	NDS NM LA PA
OGIVRI INJ 420MG	3	NDS NM LA PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
OPDUALAG SOL	3	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	3	NDS QL NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PHESGO SOL	3	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	3	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	3	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	3	NDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	3	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	3	NDS QL NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	3	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	3	NDS QL NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	3	NDS QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml PA	3	NDS NM LA PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS NM LA PA
TEPMEKTO TABS 225mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
TIVDAK SOLR 40mg	3	NDS NM LA PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TRODELVY SOLR 180mg	3	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM LA
VELCADE SOLR 3.5mg	3	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3	NDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	3	NDS QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
XALKORI CAPS 200mg, 250mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	3	NDS QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	3	NDS QL NM LA PA
ZYNLONTA SOLR 10mg	3	NDS NM LA PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM LA PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg	3	NDS B/D NM LA

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	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
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		Drug Name	Drug Requirements/ Tier Limits	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1		<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1		<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1		<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1		VASERETIC TAB 10-25MG	3	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1		ZESTORETIC TAB 10-12.5	3	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1		ZESTORETIC TAB 20-12.5	3	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1		ZESTORETIC TAB 20-25MG	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1		ACE INHIBITORS		
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1		ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1		<i>benazepril hcl TABS 5mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1		<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1		<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
LOTREL CAP 5-10MG QL (30 caps / 30 days)	3	QL	<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1	
LOTREL CAP 5-20MG QL (30 caps / 30 days)	3	QL	<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
LOTREL CAP 10-20MG QL (30 caps / 30 days)	3	QL	<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL	<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1		LOTENSIN TABS 10mg, 20mg, 40mg	3	
			<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
			<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
			QBRELIS SOLN 1mg/ml	3	NDS
			<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	1	
			<i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
			<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
			VASOTEC TABS 2.5mg, 5mg, 10mg	3	
			VASOTEC TABS 20mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 16-12.5	3	QL
QL (60 tabs / 30 days)		
ATACAND HCT TAB 32-12.5	3	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 32-25MG	3	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL	ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT)</i> QL (60 tabs / 30 days)	1	QL	EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL	EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL	EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 50-12.5	3	
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-12.5	3	
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-25	3	
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i> QL (60 tabs / 30 days)	1	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	3	QL	<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	1	
			<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	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 tab 20-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide</i> tab 160-12.5 mg (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</i> tab 160-25 mg (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</i> tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide</i> tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS			<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL	<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	3	QL	<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL	ANTIARRHYTHMICS		
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL	<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL	<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL	<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
COZAAR TABS 25mg, 50mg, 100mg	3		<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL	MULTAQ TABS 400mg	3	
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL	NORPACE CAPS 100mg, 150mg	3	
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL	NORPACE CR CP12 100mg, 150mg	3	
			<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1		ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>quinidine sulfate</i> TABS 200mg, 300mg	1		EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
RYTHMOL SR CP12 225mg, 325mg, 425mg	3		FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>sorine</i> TABS 240mg	1		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
<i>sotalol hcl</i> TABS 240mg	1		LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
SOTYLIZE SOLN 5mg/ml	3		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, FIBRATES			<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1		ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>fenofibrate</i> TABS 54mg, 160mg	1		ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1				
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1				
LOPID TABS 600mg	3				
TRICOR TABS 48mg, 145mg	3				
TRILIPIX CPDR 45mg, 135mg	3				
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS					
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL ST			

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA 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	3	NDS NM LA PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
<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
<i>prevalite</i> PACK 4gm	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)</i>	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL
CORGARD TABS 20mg, 40mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	1	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg</i>	1	
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	
<i>nadolol (generic of CORGARD) TABS 20mg, 40mg</i>	1	
<i>nadolol TABS 80mg</i>	1	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)</i>	1	QL
<i>nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)</i>	1	QL
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	1	
<i>propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>tiadyt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
KATERZIA SUSP 1mg/ml	3		VERELAN PM CP24 100mg, 200mg, 300mg	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		DIURETICS		
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
NICARDIPINE SOL 20/200ML	3		ALDACTAZIDE TAB 25/25	3	
NICARDIPINE SOL 40/200ML	3		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>amiloride hcl</i> TABS 5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
NORLIQVA SOLN 1mg/ml	3		DIURIL SUSP 250mg/5ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3		EDECIN TABS 25mg	3	NDS
NYMALIZE SOLN 6mg/ml	3	NDS	<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3		<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
			<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	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>furosemide inj SOLN</i> 10mg/ml	1	
<i>hydrochlorothiazide CAPS</i> 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide TABS</i> 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM LA PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide TABS</i> 25mg, 50mg	1	
<i>metolazone TABS</i> 2.5mg, 5mg, 10mg	1	
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide TABS</i> 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5- 25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg (generic of MAXZIDE- 25)</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate (generic of TEKTURNA) TABS</i> 150mg, 300mg	1	
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	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)	3	NDS QL NM LA PA
<i>clonidine (generic of CATAPRES-TTS-1) PTWK</i> .1mg/24hr	1	
<i>clonidine (generic of CATAPRES-TTS-2) PTWK</i> .2mg/24hr	1	
<i>clonidine (generic of CATAPRES-TTS-3) PTWK</i> .3mg/24hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
DEMSER CAPS 250mg	3	NDS PA
DIBENZYLINE CAPS 10mg	3	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)	3	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<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	
<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	3	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	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
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
NITRATES		
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	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PULMONARY ARTERIAL HYPERTENSION					
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA	<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml QL (784 mL / 30 days)	3	NDS QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	3	NDS QL NM PA
epoprostenol sodium (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA	TRACLEER TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA	<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	TYVASO SOLN .6mg/ml	3	NDS NM LA PA
LIQREV SUSP 10mg/ml QL (244 mL / 30 days)	3	NDS QL NM PA	TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	3	NDS QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	3	NDS QL NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA	TYVASO DPI POW 16-32MCG QL (196 cartridges / 28 days)	3	NDS QL NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA	TYVASO DPI POW 32-48MCG QL (224 cartridges / 28 days)	3	NDS QL NM LA PA
ORENITRAM TAB MONTH 1	3	NDS NM LA PA	UPTRAVI SOLR 1800mcg	3	NDS NM LA PA
ORENITRAM TAB MONTH 2	3	NDS NM LA PA	UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	3	NDS QL NM LA PA
ORENITRAM TAB MONTH 3	3	NDS NM LA PA			
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA			
REVATIO SOLN 10mg/12.5ml	3	NDS NM PA			
REVATIO SUSR 10mg/ml QL (784 mL / 30 days)	3	NDS QL NM PA			
REVATIO TABS 20mg QL (360 tabs / 30 days)	3	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	3	NDS QL NM LA PA
VELETRI SOLR .5mg, 1.5mg QL (150 tabs / 30 days)	3	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml QL (150 tabs / 30 days)	3	NDS NM LA PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml QL (150 tabs / 30 days)	3	NDS QL
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	NDS QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA
<i>chlorthalidone hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml 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>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	3	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg QL (30 tabs / 30 days)	1	QL
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> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMENDA XR CP24 7mg, 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

Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS 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 PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL	NARDIL TABS 15mg	3	
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3		NORPRAMIN TABS 10mg, 25mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	3	NDS QL PA	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	PARNATE TABS 10mg	3	NDS
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA	<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA	<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL	PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>perphenazine-amitriptyline tab</i> 2-4-10 mg PA if 70 years and older	2	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3		<i>perphenazine-amitriptyline tab</i> 2-4-25 mg PA if 70 years and older	2	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL	<i>perphenazine-amitriptyline tab</i> 2-4-50 mg PA if 70 years and older	2	PA
<i>mirtazapine</i> TABS 7.5mg, 45mg	1				

Drug Name	Drug Requirements/ Tier	Limits
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL PA
QL (30 tabs / 30 days)		
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg	3	
PROZAC CAPS 40mg	3	NDS
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	3	NDS NM LA PA
SPRAVATO SOL 84MG DOS	3	NDS NM LA 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	3	QL
QL (120 caps / 30 days)		
<i>trimipramine maleate</i> CAPS 100mg	3	QL
QL (60 caps / 30 days)		
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL
QL (30 tabs / 30 days)		
<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	3	QL
QL (30 tabs / 30 days)		
VIIBRYD KIT STARTER	3	QL
QL (2 starter packs / year)		

Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL
QL (120 caps / 30 days)		
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	3	NDS QL
QL (30 tabs / 30 days)		
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA
PA if 70 years and older		
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	3	NDS B/D NM LA
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM LA PA
LODOSYN TABS 25mg	3	NDS
MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM LA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM LA PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<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 if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	3	NDS QL	<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	3	NDS QL	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL
ABILIFY MYCITE MAINTENANC TBPk 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	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)	3	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)	3	NDS QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL	CLOZARIL TABS 25mg, 50mg	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	3	NDS QL	CLOZARIL TABS 100mg QL (270 tabs / 30 days)	3	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	3	NDS QL	CLOZARIL TABS 200mg QL (120 tabs / 30 days)	3	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	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)	3	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)	3	NDS QL
			GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
			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	

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>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	3	NDS QL	<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	3	NDS QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	3	NDS QL	<i>pimozide</i> TABS 1mg, 2mg	1	
LATUDA TABS 80mg QL (60 tabs / 30 days)	3	NDS QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM LA PA			
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA			
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL			

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

Drug Name	Drug Requirements/ Tier	Limits
SEROQUEL TABS 300mg QL (60 tabs / 30 days)	3	QL
SEROQUEL TABS 400mg QL (60 tabs / 30 days)	3	NDS QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	3	NDS QL PA
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	3	NDS QL PA
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	3	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg	1		FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	1		FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM LA PA
<i>diazepam inj</i> SOLN 5mg/ml	1		FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	3	NDS QL PA
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
DILANTIN CAPS 30mg, 100mg	3		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
DILANTIN INFATABS CHEW 50mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM LA PA	KEPPRA TABS 250mg	3	
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1		KEPPRA XR TB24 500mg, 750mg	3	NDS
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA	KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		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) & 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 & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS	<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS	<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS	<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	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	3		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR KIT	3		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 225mg, 300mg QL (60 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				
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1				

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

Drug Name	Drug Requirements/ Tier	Limits
LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MYSOLINE TABS 50mg, 250mg	3	NDS
NAYZILAM SOLN 5mg/0.1ml	3	
NEURONTIN CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	3	NDS
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
PHENYTEK CAPS 200mg, 300mg	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 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>roovepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	3	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)	3	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>valproic acid</i> CAPS 250mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3		<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3		<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
TOPAMAX TABS 25mg	3		<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	3	NDS QL
TOPAMAX SPRINKLE CPSP 15mg	3		VIMPAT SOLN 200mg/20ml	3	
TOPAMAX SPRINKLE CPSP 25mg	3	NDS	VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
TRILEPTAL TABS 150mg	3		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
			XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL
			XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	3	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)	3	NDS QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
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

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	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
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 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> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA			
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA			
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA			

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<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA	STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA	XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	<i>zenedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA	<i>zenedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA	HYPNOTICS		
RELEXXII TBCR 45mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA	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
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	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
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			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL	RESTORIL CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	3	NDS QL PA
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
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>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<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
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	<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
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM LA 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
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM LA 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
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	ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL	<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>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 if 65 years and older	3	NDS QL PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
MIGRAINE			IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL	MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	3	NDS QL PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA	RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL
FROVA TABS 2.5mg QL (18 tabs / 30 days)	3	NDS QL	RELPAX TABS 40mg QL (12 tabs / 30 days)	3	NDS QL
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 units / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 20mg/act QL (12 units / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 4mg/0.5ml QL (18 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
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL ST
<i>zolmitriptan</i> SOLN 2.5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL
ZOMIG TABS 2.5mg, 5mg QL (12 tabs / 30 days)	3	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	3	NDS QL NM LA PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	3	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	3	NDS QL NM LA PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA
EXSERVAN FILM 50mg QL (60 films / 30 days)	3	NDS QL NM LA PA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESPAN TBCR 180mg	3	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM LA PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM LA PA
RELYVRIO PAK 3-1GM QL (56 packets / 28 days)	3	NDS QL NM LA PA
RILUTEK TABS 50mg <i>riluzole</i> (generic of RILUTEK) TABS 50mg	3 1	NDS
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	3	NDS QL NM LA PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM LA PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	3	NDS QL NM LA PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	3	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	QL NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	3	NDS QL NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM LA PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM LA PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	3	NDS QL NM LA PA	PLEGRIDY INJ STARTER QL (2 packs / year)	3	NDS QL NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	3	NDS QL NM LA PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	3	NDS QL NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	3	NDS QL NM LA PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	3	NDS QL NM LA PA	PONVORY TAB STARTER QL (2 packs / year)	3	NDS QL NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	3	NDS QL NM LA PA	TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	3	NDS QL NM LA PA	<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM PA
			VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
			ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
			ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	3	NDS QL NM LA PA
			ZEPOSIA CAP STR KIT QL (2 packs / year)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS 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	
<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	3	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	3	NDS PA
LYVISPAH PACK 5mg, 10mg	3	PA
LYVISPAH PACK 20mg	3	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
MYOBLOC SOLN 10000unit/2ml	3	NDS NM 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	3	NDS QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</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
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	3	NDS QL NM LA 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)	3	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	3	NDS QL PA	<i>disulfiram</i> TABS 250mg, 500mg	1	
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM LA PA	KLOXXADO LIQD 8mg/0.1ml	2	
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA	LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM LA PA	<i>naltrexone hcl</i> TABS 50mg	1	
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	NDS QL NM LA PA	NARCAN LIQD 4mg/0.1ml	3	
PSYCHOTHERAPEUTIC-MISC			NICOTROL INHALER INHA 10mg	3	
<i>acamprosate calcium</i> TBEC 333mg	1		NICOTROL NS SOLN 10mg/ml	3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA	SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM LA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL	SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL	SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL	SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (60 films / 30 days)	1	QL	SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL	<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL	VIVITROL SUSR 380mg	3	NDS NM
			ZIMHI SOSY 5mg/0.5ml	3	
			ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
			ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
			ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
			ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
			ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
			ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDROGEL PUMP GEL 1.62%	3	QL PA
QL (150 gm / 30 days)		
AVEED SOLN 750mg/3ml	3	NM LA PA
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
FORTESTA GEL 10mg/act QL (120 gm / 30 days)	3	QL PA
JATENZO CAPS 158mg, 198mg	3	QL PA
QL (120 caps / 30 days)		
JATENZO CAPS 237mg QL (60 caps / 30 days)	3	NDS QL PA
methyltestosterone CAPS 10mg	3	NDS QL PA
QL (600 caps / 30 days)		
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62%	1	QL PA
QL (150 gm / 30 days)		
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 1 100mg		
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL	metformin hcl (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL	metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	QL	metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 2.5mg, 5mg QL (90 tabs / 30 days)	3	QL	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL	metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	miglitol TABS 25mg, 50mg, 100mg	1	
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL	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
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL	nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL	pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL	pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	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			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	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
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	TZIELD SOLN 2mg/2ml	3	NDS NM LA PA
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLN 100unit/ml	2	
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	BD ALCOHOL SWABS	2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	FIASP FLEX INJ TOUCH	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP INJ 100/ML	2	
			FIASP PENFIL INJ U-100	2	
			FIASP PMPCRT INJ U-100	2	B/D
			GAUZE PADS 2X2	2	
			HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D
			HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
			INSULIN PEN NEEDLES: BD/NOVO	2	
			INSULIN SAFETY NEEDLES	2	

Drug Name	Drug Requirements/ Tier	Limits
INSULIN SYRINGES: BD	2	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
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	
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 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

Drug Name	Drug Requirements/ Tier	Limits
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
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
AELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	ST

Drug Name	Drug Requirements/ Tier	Limits
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	3	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
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS LA PA
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	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	3	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA 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	3	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA PA
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
sps SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<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
<i>camrese lo</i>	1
<i>chateal</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	3
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>dolishale</i>	1

Drug Name	Drug Requirements/ Tier Limits
<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>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>finzala</i> (generic of MINASTRIN 24 FE)	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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>junel fe 24</i>	1	<i>low-ogestrel</i>	1
<i>kaitlib fe</i>	1	<i>luteru</i>	1
<i>kariva</i>	1	<i>lyleq TABS .35mg</i>	1
<i>kelnor 1/35</i>	1	<i>lyza TABS .35mg</i>	1
<i>kelnor 1/50</i>	1	<i>marlissa</i>	1
<i>kurvelo</i>	1	<i>medroxyprogesterone acetate</i>	1
<i>larin 1.5/30</i>	1	<i>(contraceptive) (generic of</i>	
<i>larin 1/20</i>	1	<i>DEPO-PROVERA</i>	
<i>larin 24 fe</i>	1	<i>CONTRACEPTIV) SUSP</i>	
<i>larin fe 1.5/30</i>	1	<i>150mg/ml; SUSY 150mg/ml</i>	
<i>larin fe 1/20</i>	1	<i>merzee (generic of</i>	1
<i>layolis fe</i>	1	<i>TAYTULLA)</i>	
<i>leena</i>	1	<i>mibelas 24 fe (generic of</i>	1
<i>lessina</i>	1	<i>MINASTRIN 24 FE)</i>	
<i>levonest</i>	1	<i>microgestin 1.5/30</i>	1
<i>levonor-eth est tab 0.15-</i>	1	<i>microgestin 1/20</i>	1
<i>0.02/0.025/0.03 mg &eth est</i>		<i>microgestin 24 fe</i>	1
<i>0.01 mg</i>		<i>microgestin fe 1.5/30</i>	1
<i>levonorg-eth est tab 0.1-</i>	1	<i>microgestin fe 1/20</i>	1
<i>0.02mg(84) & eth est tab</i>		<i>mili</i>	1
<i>0.01mg(7)</i>		<i>MIRCETTE TAB 28 DAY</i>	3
<i>levonorg-eth est tab 0.15-</i>	1	<i>mono-linyah</i>	1
<i>0.03mg(84) & eth est tab</i>		<i>NATAZIA TAB</i>	3
<i>0.01mg(7)</i>		<i>necon 0.5/35-28</i>	1
<i>levonorgestrel & ethinyl</i>	1	<i>NEXTSTELLIS TAB 3-</i>	3
<i>estradiol (91-day) tab 0.15-</i>		<i>14.2MG</i>	
<i>0.03 mg</i>		<i>nikki (generic of YAZ)</i>	1
<i>levonorgestrel & ethinyl</i>	1	<i>nora-be TABS .35mg</i>	1
<i>estradiol tab 0.1 mg-20 mcg</i>		<i>norethindrone & ethinyl</i>	1
<i>levonorgestrel & ethinyl</i>	1	<i>estradiol-fe chew tab 0.4 mg-</i>	
<i>estradiol tab 0.15 mg-30 mcg</i>		<i>35 mcg</i>	
<i>levonorgestrel-eth estra tab</i>	1	<i>norethindrone & ethinyl</i>	1
<i>0.05-30/0.075-40/0.125-</i>		<i>estradiol-fe chew tab 0.8 mg-</i>	
<i>30mg-mcg</i>		<i>25 mcg</i>	
<i>levonorgestrel-ethinyl</i>	1	<i>norethindrone (contraceptive)</i>	1
<i>estradiol (continuous) tab 90-</i>		<i>TABS .35mg</i>	
<i>20 mcg</i>		<i>norethindrone ac-ethinyl</i>	1
<i>levora 0.15/30-28</i>	1	<i>estradiol-fe tab 1-20/1-30/1-35</i>	
<i>LO LOESTRIN TAB 1-10-10</i>	3	<i>mg-mcg</i>	
<i>loestrin 1.5/30-21</i>	1	<i>norethindrone ace & ethinyl</i>	1
<i>loestrin 1/20-21</i>	1	<i>estradiol tab 1 mg-20 mcg</i>	
<i>loestrin fe 1.5/30</i>	1	<i>norethindrone ace & ethinyl</i>	1
<i>loestrin fe 1/20</i>	1	<i>estradiol tab 1.5 mg-30 mcg</i>	
<i>loryna (generic of YAZ)</i>	1	<i>norethindrone ace & ethinyl</i>	1
<i>LOSEASONIQUE TAB</i>	3	<i>estradiol-fe tab 1 mg-20 mcg</i>	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (generic of MINASTRIN 24 FE)	1	<i>tilia fe</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	1	<i>tri-estarylla</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<i>tri-legest fe</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1	<i>tri-linyah</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>norlyroc TABS .35mg</i>	1	<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 0.5/35 (28)</i>	1	<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 1/35 (21)</i>	1	<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 1/35 (28)</i>	1	<i>tri-mili</i>	1
<i>nortrel 7/7/7</i>	1	<i>tri-nymyo</i>	1
<i>nylia 1/35</i>	1	<i>tri-sprintec</i>	1
<i>nylia 7/7/7</i>	1	<i>tri-vylibra</i>	1
<i>nymyo</i>	1	<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>ocella</i> (generic of YASMIN 28)	1	<i>trivora-28</i>	1
PHEXXI GEL	3	TYBLUME CHW 0.1-0.02	3
<i>philith</i>	1	<i>tydemy</i> (generic of SAFYRAL)	1
<i>pimtrea</i>	1	<i>velivet</i>	1
<i>portia-28</i>	1	<i>vestura</i> (generic of YAZ)	1
QUARTETTE TAB	3	<i>vienva</i>	1
<i>reclipsen</i>	1	<i>viorele</i>	1
<i>rivelsa</i>	1	<i>vyfemla</i>	1
SAFYRAL TAB	3	<i>vylibra</i>	1
SEASONIQUE TAB	3	<i>wera</i>	1
<i>setlakin</i>	1	<i>wymzya fe</i>	1
<i>sharobel TABS .35mg</i>	1	<i>xulane</i>	1
<i>simliya</i>	1	YASMIN 28 TAB 3-0.03MG	3
<i>simpesse</i>	1	YAZ TAB 3-0.02MG	3
SLYND TABS 4mg	3	<i>zafemy</i>	1
<i>sprintec 28</i>	1	<i>zovia 1/35</i>	1
<i>sronyx</i>	1	<i>zumandimine</i> (generic of YASMIN 28)	1
<i>syeda</i> (generic of YASMIN 28)	1	ENDOMETRIOSIS	
<i>tarina 24 fe</i>	1	<i>danazol CAPS 50mg, 100mg, 200mg</i>	
<i>tarina fe 1/20 eq</i>	1	ORILISSA TABS 150mg, 200mg	3 NDS PA
TAYTULLA CAP 1MG/20MC	3	SYNAREL SOLN 2mg/ml	3 NDS PA
		ESTROGENS	
		ACTIVELLA TAB 1-0.5MG	3
		<i>amabelz</i>	2

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
BIJUVA CAP 1-100MG	3	<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	ESTRING RING 7.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3	ESTROGEL GEL .06%	3
COMBIPATCH DIS	3	EVAMIST SOLN 1.53mg/spray	3
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3	FEMRING RING .05mg/24hr, .1mg/24hr	3
DEPO-ESTRADIOL OIL 5mg/ml	3	<i>fyavolv tab 0.5mg-2.5mcg</i>	2
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	<i>fyavolv tab 1mg-5mcg</i>	2
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
ELESTRIN GEL .06%	3	IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3	<i>jinteli</i>	2
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	MENOSTAR PTWK 14mcg/24hr	3
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	<i>mimvey</i> (generic of ACTIVELLA)	2
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	PREFEST TAB	3
		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

Drug Name	Drug Requirements/ Tier	Limits
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
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	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
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
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 LA
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	

Drug Name	Drug Requirements/ Tier	Limits
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	3	NDS
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM LA PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA 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)	3	NDS B/D QL NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KORLYM TABS 300mg	3	NDS NM LA PA	NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA PA	NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
LAMZEDE SOLR 10mg	3	NDS NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D	<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
LUMIZYME SOLR 50mg	3	NDS NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA	<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA	OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM LA PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	3	NDS NM PA	OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA	ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA	ORIAHNN CAP	3	NDS PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM LA PA	PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
MYFEMBREE TAB	3	NDS PA	PHEBURANE PLLT 483mg/gm	3	NDS NM LA PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA	PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA	PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM LA PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA	RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
<i>nitisinone</i> CAPS 20mg	3	NDS NM PA	RECORLEV TABS 150mg	3	NDS NM LA PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA	REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA PA
NORDITROPIN FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA	SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA	SANDOSTATIN SOLN 50mcg/ml	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA	SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	3	B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	3	NDS B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	3	NDS B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM LA PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA
TEPEZZA SOLR 500mg	3	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VPRIV SOLR 400unit	3	NDS NM LA PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM LA PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
ZORBTIVE SOLR 8.8mg	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
REVELA PACK 2.4gm QL (180 packets / 30 days)	3	NDS QL
REVELA PACK .8gm QL (540 packets / 30 days)	3	NDS QL
REVELA TABS 800mg QL (540 tabs / 30 days)	3	NDS QL
<i>sevelamer carbonate</i> (generic of REVELA) PACK 2.4gm QL (180 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of REVELA) PACK .8gm QL (540 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of REVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> TABS 400mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	3	NDS QL
PROGESTINS		
AYGESTIN TABS 5mg	3	
CRINONE GEL 4%, 8% <i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM LA
AKYNZEO INJ 235-0.25MG/20ML	3	NM LA
APONVIE EMUL 32mg/4.4ml	3	
aprepitant CAPS 40mg, 125mg	1	B/D
aprepitant (generic of EMEND) CAPS 80mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	3	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	3	NDS B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
meclizine hcl TABS 12.5mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA
PA if 70 years and older		
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	PA
PA if 70 years and older		
promethazine hcl SUPP 12.5mg, 25mg	3	PA
PA if 70 years and older		
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA
PA if 70 years and older		
promethegan SUPP 12.5mg, 25mg, 50mg	3	PA
PA if 70 years and older		
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	3	NDS QL
QL (4 patches / 28 days)		
scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days	3	QL PA
QL (10 patches / 30 days)		
PA if 70 years and older		

Drug Name	Drug Requirements/ Tier	Limits
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	3	NDS B/D QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of 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 if 70 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<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	1	
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
ROWASA KIT 4gm	3	NDS
SFROWASA ENEM 4gm/60ml	3	NDS
<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)	3	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<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	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	

Drug Name	Drug Requirements/ Tier	Limits
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	3	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)	3	NDS QL NM LA PA
REBYOTA SUSP 150ml	3	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	3	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	3	NDS QL PA
SUCRAID SOLN 8500unit/ml	3	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
VOWST CAP	3	NDS NM LA PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	3	NDS QL NM LA PA
XIFAXAN TABS 550mg	3	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
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
NEXIUM I.V. SOLR 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (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	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	3	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL NM LA 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	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
THIOLA TABS 100mg	3	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM LA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	

Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
DETROL LA CP24 2mg, 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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate 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 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1		LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1		PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS	XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
HEP SOD/D5W INJ 20000UNT	3		XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
HEP SOD/D5W INJ 25000UNT	3		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 12500UNT	2		XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 25000UNT	2		HEMATOPOIETIC GROWTH FACTORS		
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	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	3	NDS NM PA
HEPARIN/NACL INJ 25000UNT	2		LEUKINE SOLR 250mcg	3	NDS NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA
LOVENOX SOLN 300mg/3ml	3		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
			<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
			PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
			PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	3	NDS QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
AGRYLIN CAPS .5mg	3	
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	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)	3	NDS QL NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
DOPTELET TABS 20mg	3	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM LA PA
MULPLETA TABS 3mg	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
TAVNEOS CAPS 10mg	3	NDS NM LA 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	3	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
<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	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	3	NDS QL NM LA PA
AVSOLA SOLR 100mg	3	NDS NM LA PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	3	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	3	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
ENTYVIO SOLR 300mg	3	NDS NM LA PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	3	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
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	3	NDS QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	3	NDS QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	3	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	3	NDS QL NM PA
RENFLEXIS SOLR 100mg	3	NDS NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	3	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	3	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	3	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	3	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	3	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml QL (30 mL / 14 days)	3	NDS QL NM LA PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	NDS QL NM LA PA
STELARA SOLN 130mg/26ml	3	NDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	3	NDS QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	3	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA
HYQVIA INJ 2.5-200	3	NDS NM LA PA
HYQVIA INJ 5-400	3	NDS NM LA PA
HYQVIA INJ 10-800	3	NDS NM LA PA
HYQVIA INJ 20-1600	3	NDS NM LA PA
HYQVIA INJ 30-2400	3	NDS NM LA PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA
ARCALYST SOLR 220mg	3	NDS NM LA PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	3	NDS NM LA PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
ODACTRA SUB	3	PA

Drug Name	Drug Requirements/ Tier	Limits
ORALAIR SUB 300 IR	3	NM LA PA
PALFORZIA CAP ESCALAT	3	NDS NM LA PA
PALFORZIA CAP LEVEL 3	3	NDS NM LA PA
PALFORZIA CAP LEVEL 7	3	NDS NM LA PA
PALFORZIA CAP LEVEL 8	3	NDS NM LA PA
PALFORZIA CAP LEVEL 10	3	NDS NM LA PA
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM LA PA
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM LA PA
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM LA PA
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM LA PA
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM LA PA
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM LA PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM LA PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM LA PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml	3	NDS NM LA PA
VYVGART SOLN 400mg/20ml	3	NDS NM LA PA
VYVGART INJ HYTRULO	3	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	3	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

Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	3	NDS NM LA PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	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
ENVARBUS XR TB24 4mg	3	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
<i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	3	NDS NM LA 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	3	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	3	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM
RAPAMUNE TABS .5mg	3	B/D NM
REZUROCK TABS 200mg	3	NDS NM LA PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	3	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	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	3	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

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Drug Name	Drug Requirements/ Tier	Limits
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS,		
INJECTABLE		
D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NAACL 0.45%)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NAACL 0.3%)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	1	<i>potassium chloride (generic of POTASSIUM CHLORIDE)</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
KCL/D5W/LACT INJ 20MEQ/L	3	<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
KCL/D5W/NACL INJ 0.3/0.9%	3	TPN ELECTROL INJ	3 B/D
<i>lactated ringer's solution</i>	1	ELECTROLYTES/MINERALS/VITAMINS, ORAL	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	<i>klor-con PACK 20meq</i>	1
<i>magnesium sulfate (generic of MAGNESIUM SULFATE)</i>	2	<i>klor-con 8 TBCR 8meq</i>	1
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		<i>klor-con 10 TBCR 10meq</i>	1
<i>magnesium sulfate SOLN 50%</i>	2	<i>klor-con m10 TBCR 10meq</i>	1
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2	<i>klor-con m15 TBCR 15meq</i>	1
MG SO4/D5W INJ 10MG/ML	2	<i>klor-con m20 TBCR 20meq</i>	1
<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE-148)</i>	1	M-NATAL PLUS TAB	2
<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	1	<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1
PLASMA-LYTE INJ -148	3	<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1
PLASMA-LYTE INJ -A	3	<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	PRENATAL TAB 27-1MG	2
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	PRENATAL TAB PLUS	2
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
<i>potassium chloride SOLN 2meq/ml</i>	1	TRICARE TAB PRENATAL	2
		IV NUTRITION	
		CLINIMIX E INJ 2.75/D5W	3 B/D
		CLINIMIX E INJ 4.25/D5W	3 B/D
		CLINIMIX E INJ 4.25/D10	3 B/D
		CLINIMIX E INJ 5%/D15W	3 B/D
		CLINIMIX E INJ 5%/D20W	3 B/D
		CLINIMIX E INJ 8/10	3 B/D
		CLINIMIX E INJ 8/14	3 B/D
		CLINIMIX INJ 4.25/D5W	3 B/D
		CLINIMIX INJ 4.25/D10	3 B/D

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>bacitracin (ophthalmic) OINT</i>	1	
500unit/gm		
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT</i>	1	
5mg/gm		
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN</i>	1	
.5%, 1.5%		
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
.3%		
TOBEX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	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
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	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	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> 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 (generic of LOTEMAX)</i> GEL .5%; SUSP .5%	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%	2	
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	3	NDS NM LA

Drug Name	Drug Requirements/ Tier	Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
ALPHAGAN P SOLN .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> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	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	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<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 1 .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 SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .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	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM LA PA
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA
CIMERLI SOLN .5mg/0.05ml	3	NDS NM LA PA
CYSTADROPS SOLN .37%	3	NDS NM LA PA
CYSTARAN SOLN .44%	3	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	3	NDS NM LA PA
OXERVATE SOLN .002%	3	NDS NM LA 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	3	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	3	NDS NM LA PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
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>	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	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL

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
ANTICHOLINERGICS		
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
ANTIHISTAMINE COMBINATIONS		
<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 if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>cetirizine hcl</i> SOLN 1mg/ml 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 if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	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 if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 70 years and older	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

Drug Name	Drug Requirements/ Tier	Limits
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg, 50mg PA if 70 years and older	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of 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	3	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
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	3	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

Drug Name	Drug Requirements/ Tier	Limits
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	3	NDS QL NM LA 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
<i>elixophyllin</i> ELIX 80mg/15ml	3	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	

Drug Name	Drug Requirements/ Tier	Limits
<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 30mg/ml	3	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	3	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	3	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	3	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	3	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM LA PA
<i>pirfenidone (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)</i>	3	NDS QL NM PA
<i>pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)</i>	3	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)</i>	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)</i>	1	QL
<i>roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)</i>	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
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)	3	NDS QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	3	NDS QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL ST
<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

Drug Name	Drug Requirements/ Tier	Limits
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST
STEROID INHALANTS		
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
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
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 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
DULERA AER 50-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<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>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1		<i>clindamycin phosphate (topical) SOLN 1%</i> QL (60 mL / 30 days)	1	QL
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA	<i>clindamycin phosphate (topical) SWAB 1%</i> QL (69 pledgets / 30 days)	1	QL
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA) QL (60 gm / 30 days)	1	QL
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA	<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA	DIFFERIN GEL .3% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL	DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL	EPIDUO FORTE GEL 0.3-2.5%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL	EPIDUO GEL 0.1-2.5%	3	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL	<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>clindacin</i> FOAM 1%	1		ERYGEL GEL 2% QL (60 gm / 30 days)	3	QL
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL	<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL	<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL	FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>clindamycin phosphate (topical) FOAM 1%</i>	1		<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical) GEL 1%</i> QL (75 gm / 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>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	3	NDS QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	NDS QL PA
<i>sulfacetamide sodium</i> (acne) (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
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits
ZIANA GEL QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5% QL (5 packets / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole</i> (topical) CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole</i> (topical) SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL
<i>ketoconazole</i> (topical) CREA 2% QL (60 gm / 30 days)	1	QL
LOPROX SUSP .77% QL (60 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl CREA 1%</i> QL (90 gm / 30 days)	1	QL
<i>naftifine hcl CREA 2%</i> QL (60 gm / 30 days)	1	QL
<i>naftifine hcl (generic of NAFTIN) GEL 2%</i> QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
VUSION OIN QL (50 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; FOAM .005%; OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene SOLN .005%</i> QL (120 mL / 30 days)	1	QL PA
<i>calcitrene OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
<i>methoxsalen rapid CAPS 10mg</i>	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>tazarotene (generic of TAZORAC) CREA .1%</i> QL (60 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tazarotene (generic of TAZORAC) GEL .05%, .1%</i> QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	3	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i> QL (120 mL / 30 days)	1	QL
<i>selenium sulfide LOTN 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%, 2.5%</i>	1	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	QL
<i>alclometasone dipropionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	1	QL
<i>amcinonide LOTN .1%</i>	1	
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate CREA .1%; FOAM .12%; OINT .1%</i> QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
CAPEX SHAM .01%	3	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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)	3	NDS QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	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-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 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
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1% QL (80 gm / 30 days)	3	NDS QL
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
SYNALAR SOLN .01% QL (90 mL / 30 days)	3	QL
<i>tovet</i> (generic of OLUX-E) 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	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
LIDODERM PTCH 5% QL (3 patches / 1 day)	3	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5% QL (40 gm / 30 days)	3	QL
ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 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>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	3	NDS QL NM LA PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL
NORITATE CREA 1% QL (60 gm / 30 days)	3	NDS QL
OPZELURA CREA 1.5% QL (240 gm / 28 days)	3	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	3	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

Drug Name	Drug Requirements/ Tier	Limits
<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	
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
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	3	NDS QL NM LA PA
XERESE CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	3	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
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<i>buprenorphine hcl-</i>	<i>tab 5-20 mg</i>33	<i>captopril &</i>
<i>naloxone hcl sl film 4-1</i>	<i>see amlodipine besylate-</i>	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>59	<i>atorvastatin calcium</i>	<i>25-15 mg</i>24
<i>buprenorphine hcl-</i>	<i>tab 5-40 mg</i>33	<i>captopril &</i>
<i>naloxone hcl sl film 8-2</i>	<i>see amlodipine besylate-</i>	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>59	<i>atorvastatin calcium</i>	<i>25-25 mg</i>24
<i>buprenorphine hcl-</i>	<i>tab 5-80 mg</i>33	<i>captopril &</i>
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<i>naloxone hcl sl tab 8-2</i>	CADUET TAB 10-80MG .33	<i>hydrochlorothiazide tab</i>
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1GM/50ML.....6	<i>hydrochlorothiazide tab</i>	0.25-15-81.35%.....97
MEROP/NACL INJ	100-25 mg30	<i>microgestin 1/20</i>66
500/50ML6	<i>metoprolol &</i>	<i>microgestin 1.5/30</i>66
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<i>dihydrochloride</i>	40	87	NAMENDA XR	37
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<i>moexipril hcl</i>	24	MYDAYIS CAP 25MG	52	<i>naproxen</i>	1
<i>molindone hcl</i>	42	MYDAYIS CAP 37.5MG	52	<i>naproxen sodium</i>	1, 2
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2	35	<i>325 mg/5ml</i>	4	PALFORZIA LEVEL 4	84
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P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-866-270-3759, 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.

10/09/2023