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***SilverScript Employer PDP sponsored by CalPERS for  
Anthem Medicare Preferred Part D Prescription Drug Plan***

**2026 Formulary  
(List of Covered Drugs or "Drug List")**

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

This formulary was updated on 08/29/2025. For more recent information or other questions, please contact Customer Care at 1-833-291-3648, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 26024

**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<sup>®</sup> Insurance Company. When it refers to "plan" or "our plan," it means SilverScript.

This document includes a Drug List (formulary) for our plan, which is current as of January 1, 2026. 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, 2027, and from time to time during the year.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

## What is the SilverScript formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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

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

## Can the formulary change?

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

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

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

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

If you are currently taking that brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript's formulary?”

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

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

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we will notify affected members of the change 30 to 60 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 60-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript's formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2026. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

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

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

### **Alphabetical Listing**

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

### **Medical Condition**

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

## **What are generic drugs?**

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

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

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

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

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

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

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

- **Quantity Limits (QL):** For certain drugs, there is a quantity limit on 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's 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.

CalPERS 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's formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SilverScript limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

### **For more information**

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

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

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

**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:**

	<b>Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$5	\$10	\$5
<b>Tier 2: Preferred Brand</b>	\$20	\$40	\$20
<b>Tier 3: Non-Preferred Brand</b>	\$50	\$100	\$50

For long term supply cost information, please refer to your *Evidence of Coverage*.

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 CalPERS. Drugs that are part of your standard Medicare plan, but do not have additional coverage from CalPERS would be covered under the 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

## 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. This means that the drug is limited to 30-day supply.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>allopurinol</i> TABS 200mg	1	ST	<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	DAYPRO TABS 600mg	3	
ALOPRIM SOLR 500mg	3	NDS	<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1		<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>diflunisal</i> TABS 500mg	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM PA	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>probenecid</i> TABS 500mg	1		<i>flurbiprofen</i> TABS 100mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<b>MISCELLANEOUS</b>			<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA	<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>nabumetone</i> TABS 500mg, 750mg	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>naproxen</i> TABS 250mg, 375mg	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<b>NSAIDS</b>			<b>NSAIDS</b>		
ARTHROTEC 50 TAB	3				
ARTHROTEC 75 TAB	3				
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL			
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	3	NDS
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	3	NDS QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen</i> <i>tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen</i> <i>tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen</i> <i>tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 5-</i> <i>200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D	<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab</i> <i>10-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL			

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

Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln 5-325 mg/5ml</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
<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
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NDS NM PA
CAYSTON SOLR 75mg	3	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate</i> <i>hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		HUMATIN CAPS 250mg	3	NDS
CLINDMYC/NAC INJ 300/50ML	3		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
CLINDMYC/NAC INJ 600/50ML	3		<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
CLINDMYC/NAC INJ 900/50ML	3		IMPAVIDO CAPS 50mg	3	NDS PA
<i>colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg</i>	1		<i>ivermectin (generic of STROMECTION) TABS 3mg QL (20 tabs / 90 days)</i>	1	QL PA
COLY-MYCIN M SOLR 150mg	3		<i>ivermectin TABS 6mg QL (10 tabs / 90 days)</i>	1	QL PA
DALVANCE SOLR 500mg	3	NDS	KIMYRSA SOLR 1200mg	3	NDS
<i>dapsone TABS 25mg, 100mg</i>	1		KITABIS PAK NEBU 300mg/5ml	3	NDS NM PA
DAPTOMY/NAACL INJ 350/50ML	3		LIKMEZ SUSP 500mg/5ml	3	
DAPTOMY/NAACL INJ 500/50ML	3		<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>daptomycin (generic of DAPTOMYCIN) SOLR 350mg</i>	3	NDS	<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	3	NDS QL
DAPTOMYCIN SOLR 350mg, 500mg	3	NDS	<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL
<i>daptomycin SOLR 500mg</i>	3	NDS	LINEZOLID INJ 2MG/ML	3	
EMBLAVEO INJ 2GM	3	NDS	MACROBID CAPS 100mg	3	
EMVERM CHEW 100mg QL (12 tabs / year)	3	NDS QL	MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	3	NDS QL PA
<i>ertapenem sodium SOLR 1gm</i>	1		MEROP/NAACL INJ 1GM/50ML	3	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL	MEROP/NAACL INJ 500/50ML	3	
<i>fosfomycin tromethamine PACK 3gm</i>	1		<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1		<i>meropenem (generic of MEROPENEM) SOLR 2gm</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1		<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1		<i>metronidazole CAPS 375mg; TABS 125mg, 250mg, 500mg</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1		METRONIDAZOLE SOLN 500mg/100ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	3	NDS QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	3	NDS NM PA
TOBI PODHALER CAPS 28mg	3	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	3	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	3	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	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)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	3	NDS NM
EDURANT PED TBSO 2.5mg	3	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	3	NDS NM
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

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 400mg	1	NM
NORVIR PACK 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 150mg, 300mg	3	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	3	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM
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	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	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

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	3	NDS NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	3	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg</i>	1	
<i>rifampin (generic of RIFADIN) SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM PA
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml	3	NDS NM ST
BARACLUDE TABS .5mg, 1mg	3	NDS NM
<i>cidofovir SOLN 75mg/ml</i>	1	
<i>entecavir (generic of BARACLUDE) TABS .5mg, 1mg</i>	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

Drug Name	Drug Requirements/ Tier	Limits
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml</i>	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium SOLR 500mg</i>	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) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	3	NDS QL NM PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)</i>	1	QL
<i>oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)</i>	1	QL
<i>oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)</i>	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	3	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA	CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
RAPIVAB SOLN 200mg/20ml	3	NDS	CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL	CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM	CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>rimantadine hydrochloride</i> TABS 100mg	1		<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL	CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL	<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL	CEFEPIME/DEX INJ 1GM	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1		CEFEPIME/DEX INJ 2GM	3	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS	<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS	<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1		CEFOXITIN INJ 1GM	3	
VALTREX TABS 1gm, 500mg	3		CEFOXITIN INJ 2GM	3	
VOSEVI TAB	3	NDS NM PA	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL	<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<b>CEPHALOSPORINS</b>			<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
AVYCAZ INJ 2-0.5GM	3	NDS	<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1		<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
CEFACLOR ER TB12 500mg	3		<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
CEFAZOLIN SOLR 2gm, 3gm	3		<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFAZOLIN INJ 1GM/50ML	3		FETROJA SOLR 1gm	3	NDS
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3		TEFLARO SOLR 400mg, 600mg	3	NDS
			ZERBAXA INJ 1.5GM	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ERYTHROMYCINS/MACROLIDES</b>			<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>azithromycin</i> TABS 600mg	1		<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>ciprofloxacin hcl</i> TABS 750mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS	<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
ERYTHROCIN	3		<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
LACTOBIONATE SOLR 500mg			<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>erythromycin</i> base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS	MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<b>PENICILLINS</b>		
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml	1	
ZITHROMAX TRI-PAK TABS 500mg	3		<i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml	1	
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml	1	
<b>FLUOROQUINOLONES</b>			<i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg	1	
			<i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin &amp; k clavulanate tab</i>	1	
<i>er 12hr 1000-62.5 mg</i>		
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>for inj 1.5 (1-0.5) gm (generic</i>		
<i>of UNASYN)</i>		
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>for inj 3 (2-1) gm (generic of</i>		
<i>UNASYN)</i>		
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>for iv soln 1.5 (1-0.5) gm</i>		
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>for iv soln 3 (2-1) gm</i>		
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>for iv soln 15 (10-5) gm</i>		
<i>(generic of UNASYN BULK</i>		
<i>PACK)</i>		
<i>ampicillin sodium SOLR 1gm, 1</i>		
<i>2gm, 10gm, 250mg, 500mg</i>		
<i>AUGMENTIN SUS 125/5ML</i>	3	
<i>AUGMENTIN SUS ES-600</i>	3	
<i>AUGMENTIN TAB 500MG</i>	3	
<i>BICILLIN C-R INJ 900/300</i>	3	
<i>BICILLIN C-R INJ 1200000</i>	3	
<i>BICILLIN L-A SUSY</i>	3	
<i>600000unit/ml,</i>		
<i>1200000unit/2ml,</i>		
<i>2400000unit/4ml</i>		
<i>dicloxacillin sodium CAPS</i>	1	
<i>250mg, 500mg</i>		
<i>NAFCILLIN INJ 2GM/100</i>	3	NDS
<i>nafcillin sodium SOLR 1gm,</i>	1	
<i>2gm</i>		
<i>nafcillin sodium SOLR 10gm</i>	3	NDS
<i>OXACILLIN INJ 2GM</i>	3	
<i>oxacillin sodium SOLR 1gm,</i>	1	
<i>2gm, 10gm</i>		
<i>PEN GK/DEXTR INJ</i>	3	
<i>40000/ML</i>		
<i>PEN GK/DEXTR INJ</i>	3	
<i>60000/ML</i>		
<i>penicillin g potassium SOLR</i>	1	
<i>5000000unit, 20000000unit</i>		
<i>penicillin g sodium SOLR</i>	1	
<i>5000000unit</i>		

Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin v potassium SOLR</i>	1	
<i>125mg/5ml, 250mg/5ml;</i>		
<i>TABS 250mg, 500mg</i>		
<i>pfizerpen SOLR 5000000unit, 1</i>		
<i>20000000unit</i>		
<i>piperacillin sod-tazobactam na</i>	1	
<i>for inj 3.375 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam</i>	1	
<i>sod for inj 2.25 gm (2-0.25</i>		
<i>gm)</i>		
<i>piperacillin sod-tazobactam</i>	1	
<i>sod for inj 4.5 gm (4-0.5 gm)</i>		
<i>piperacillin sod-tazobactam</i>	1	
<i>sod for inj 13.5 gm (12-1.5</i>		
<i>gm)</i>		
<i>piperacillin sod-tazobactam</i>	1	
<i>sod for inj 40.5 gm (36-4.5</i>		
<i>gm)</i>		
<i>UNASYN INJ 1.5GM</i>	3	
<i>UNASYN INJ 3GM</i>	3	
<i>UNASYN INJ 15GM</i>	3	
<i>ZOSYN SOL 2-0.25GM</i>	3	
<i>ZOSYN SOL 3-0.375G</i>	3	
<i>ZOSYN SOL 4-0.50GM</i>	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl TABS</i>	1	
<i>150mg, 300mg</i>		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>CAPS 50mg, 100mg; SUSR</i>		
<i>25mg/5ml; TABS 50mg,</i>		
<i>75mg, 100mg, 150mg</i>		
<i>doxycycline hyclate CAPS</i>	1	
<i>50mg, 100mg; SOLR 100mg;</i>		
<i>TABS 20mg, 100mg</i>		
<i>minocycline hcl CAPS 50mg,</i>	1	
<i>75mg, 100mg; TABS 50mg,</i>		
<i>75mg, 100mg</i>		
<i>NUZYRA SOLR 100mg</i>	3	NDS NM
<i>NUZYRA TABS 150mg</i>	3	NDS QL NM
<i>QL (30 tabs / 14 days)</i>		
<i>tetracycline hcl CAPS 250mg, 1</i>		
<i>500mg</i>		
<i>TIGECYCLINE SOLR 50mg</i>	3	NDS
<i>tigecycline (generic of</i>	1	
<i>TYGACIL) SOLR 50mg</i>		
<i>TYGACIL SOLR 50mg</i>	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
XERAVA SOLR 50mg, 100mg	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	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
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
GRAFAPEX SOLR 1gm, 5gm	3	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM PA
<b>ANTIMETABOLITES</b>		
AXTLE SOLR 100mg, 500mg	3	NDS B/D NM
<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 PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	3	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	3	NDS QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	3	NDS NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D	FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D	<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/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	
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	NDS B/D	<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
PURIXAN SUSP 2000mg/100ml	3	NDS NM	<i>leuprolide acetate (3 month)</i> INJ 22.5mg	1	NM PA
TABLOID TABS 40mg	3	NDS PA	LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
VIDAZA SUSR 100mg	3	NDS B/D NM	LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>			LUPRON DEPOT (4-MONTH) KIT 30mg	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 (6-MONTH) KIT 45mg	3	NDS NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA	LUTRATE DEPOT INJ 22.5mg	3	NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	3	NDS QL NM PA	LYSODREN TABS 500mg	3	NDS NM
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1		<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
ARIMIDEX TABS 1mg	3	NDS	NUBEQA TABS 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AROMASIN TABS 25mg	3	NDS	ORGOVYX TABS 120mg	3	NDS NM PA
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1		ORSERDU TABS 86mg QL (90 tabs / 30 days)	3	NDS QL NM PA
CASODEX TABS 50mg	3	NDS	ORSERDU TABS 345mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA	SOLTAMOX SOLN 10mg/5ml	3	NDS
ERLEADA TABS 60mg QL (120 tabs / 30 days)	3	NDS QL NM PA	<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
ERLEADA TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA	<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
EULEXIN CAPS 125mg	3	NDS	TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1		XTANDI CAPS 40mg QL (120 caps / 30 days)	3	NDS QL NM PA
FARESTON TABS 60mg	3	NDS PA	XTANDI TABS 40mg QL (120 tabs / 30 days)	3	NDS QL NM PA
FASLODEX SOSY 250mg/5ml	3	NDS B/D	XTANDI TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA
FEMARA TABS 2.5mg	3		YONSA TABS 125mg QL (120 tabs / 30 days)	3	NDS QL NM PA
FIRMAGON SOLR 80mg	3	NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	3	NDS QL NM PA
<b>MISCELLANEOUS</b>		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	3	NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	3	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
DOXIL SUSP 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	3	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	3	NDS QL NM PA
KHAPZORY SOLR 175mg	3	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	3	NDS NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	3	NDS
MESNEX TABS 400mg	3	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<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
RYLAZE SOLN 10mg/0.5ml	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	1	B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin</i> (chemotherapy) CAPS 10mg	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	3	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	3	NDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	3	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	3	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	3	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	3	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	3	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	3	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM PA
BELEODAQ SOLR 500mg	3	NDS NM PA
BESPONSA SOLR .9mg	3	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	3	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	3	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	3	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM PA	EMPLICITI SOLR 300mg, 400mg	3	NDS NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ENHERTU SOLR 100mg	3	NDS NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA	EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA	ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	3	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA	<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	3	NDS QL NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	3	NDS QL NM PA	<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	3	NDS QL NM PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	3	NDS QL NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	3	NDS QL NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	3	NDS QL NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	3	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	3	NDS QL NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA	FYARRO SUSR 100mg	3	NDS NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
DATROWAY SOLR 100mg	3	NDS NM PA	GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	3	NDS NM PA	GLEEVEC TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	3	NDS QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	3	NDS QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	3	NDS QL NM PA	IRESSA TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	3	NDS NM PA	ITOVEBI TABS 3mg QL (56 tabs / 28 days)	3	NDS QL NM PA
HERCEPTIN SOLR 150mg	3	NDS NM PA	ITOVEBI TABS 9mg QL (28 tabs / 28 days)	3	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	3	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA	JEMPERLI SOLN 500mg/10ml	3	NDS NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA	KANJINTI SOLR 150mg, 420mg	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA	KEYTRUDA SOLN 100mg/4ml	3	NDS NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM PA	KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	3	NDS QL NM PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	3	NDS QL NM PA	KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NDS NM PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM PA	KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	3	NDS QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	3	NDS QL NM PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	3	NDS QL NM PA
			KRAZATI TABS 200mg QL (180 tabs / 30 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	3	NDS QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	3	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	3	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA	MARGENZA SOLN 250mg/10ml	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	3	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	3	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM PA	MONJUVI SOLR 200mg	3	NDS NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM PA	MYLOTARG SOLR 4.5mg	3	NDS NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	3	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM PA	<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
LOQTORZI SOLN 240mg/6ml	3	NDS NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	3	NDS QL NM PA	OGIVRI SOLR 150mg, 420mg	3	NDS NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	3	NDS QL NM PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	3	NDS QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	3	NDS QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	3	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	3	NDS QL NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
OPDIVO INJ QVANTIG	3	NDS NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	3	NDS QL NM PA
OPDUALAG SOL	3	NDS NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	3	NDS NM PA NDS QL NM PA	RYBREVANT SOLN	3	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	3	NDS QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	3	NDS QL NM PA
PERJETA SOLN	3	NDS NM PA	SARCLISA SOLN	3	NDS NM PA
PHESGO SOL	3	NDS NM PA	100mg/5ml, 500mg/25ml		
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	3	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
POTELIGEO SOLN	3	NDS NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA
20mg/5ml			SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	3	NDS QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	3	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM 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
RETEVMO TABS 80mg QL (120 tabs / 30 days)	3	NDS QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	3	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	3	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	3	NDS QL NM PA	TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	3	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	3	NDS QL NM PA			
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA			
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	3	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	3	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM PA	TYKERB TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	3	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	3	NDS QL NM PA	VELCADE SOLR 3.5mg	3	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	3	NDS QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	3	NDS QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	3	NDS NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	3	NDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM PA
TIVDAK SOLR 40mg	3	NDS NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	3	NDS QL NM PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TRODELVY SOLR 180mg	3	NDS NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	3	NDS QL NM PA	VOTRIENT TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	3	NDS QL NM PA	VYLOY SOLR 100mg, 300mg	3	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA	XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
			XALKORI CPSP 150mg QL (180 caps / 30 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
XOSPATA TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	3	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	3	NDS QL NM PA
ZIIHERA SOLR 300mg	3	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM 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 PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	3	NDS QL NM PA
ZYNLONTA SOLR 10mg	3	NDS NM PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1
VASERETIC TAB 10-25MG	3
ZESTORETIC TAB 10-12.5	3
ZESTORETIC TAB 20-12.5	3
ZESTORETIC TAB 20-25MG	3

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL	<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1		<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<b>ALPHA BLOCKERS</b>			<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST	<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-320-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>			ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL			
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL			

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
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL	<i>losartan potassium &amp; hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i> QL (30 tabs / 30 days)	1	
			<i>losartan potassium &amp; hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium &amp; 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 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	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	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 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			<i>telmisartan</i> TABS 20mg 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 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 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	<b>ANTIARRHYTHMICS</b>		
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL	<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 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 QL (60 tabs / 30 days)	3	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL	NORPACE CAPS 100mg, 150mg	3	
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	1	QL	NORPACE CR CP12 100mg, 150mg	3	
			<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colestevlam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL
<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
<i>icosapent ethyl</i> (generic of VASCEPA) CAPS .5gm, 1gm	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	NDS QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	

Drug Name	Drug Requirements/ Tier	Limits
TENORMIN TABS 25mg, 50mg, 100mg	3	ST
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>matzim la</i> (generic of CARDIZEM LA) TB24 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>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>nicardipine hcl iv soln</i> 20 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1		VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
<i>nicardipine hcl iv soln</i> 40 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1		<b>DIURETICS</b>		
NICARDIPINE SOL 20/200ML	3		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
NICARDIPINE SOL 40/200ML	3		<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg	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>nimodipine</i> SOLN 60mg/20ml	3	NDS	<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		DIURIL SUSP 250mg/5ml	3	
NORLIQVA SOLN 1mg/ml	3		EDECIN TABS 25mg	3	NDS
NORVASC TABS 2.5mg, 5mg, 10mg	3		<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
NYMALIZE SOLN 6mg/ml	3	NDS	<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
SULAR TB24 8.5mg, 17mg, 34mg	3		<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		HEMICLOR TABS 12.5mg	3	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
			<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
			INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
			KEVEYIS TABS 50mg	3	NDS NM PA
			LASIX TABS 20mg, 40mg, 80mg	3	
			<i>methazolamide</i> TABS 25mg, 50mg	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>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormalvi</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	3	NDS QL NM 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 PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<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)	3	QL
DEMSEER CAPS 250mg	3	NDS NM PA
DIBENZYLINE CAPS 10mg	3	NDS PA
<i>digoxin</i> SOLN .05mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>epinephrine</i> ( <i>anaphylaxis</i> ) SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 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	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
LANOXIN SOLN .25mg/ml	3	
LANOXIN TABS 62.5mcg	3	ST
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL ST
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>methyldopa</i> TABS 250mg, 500mg PA applies if 65 years and older	3	PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	3	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	

Drug Name	Drug Requirements/ Tier	Limits
NORTHERA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	3	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM PA
<b>NITRATES</b>		
ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>ambriasantan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	3	NDS NM PA
ORENITRAM TAB MONTH 2	3	NDS NM PA
ORENITRAM TAB MONTH 3	3	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
REVATIO SOLN 10mg/12.5ml	3	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) SUSR 10mg/ml QL (784 mL / 30 days)	3	NDS QL NM PA
<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil</i> ( <i>pulmonary hypertension</i> ) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	3	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
TYVASO SOLN .6mg/ml	3	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	3	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	3	NDS QL NM PA
UPTRAVI SOLR 1800mcg	3	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	3	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	3	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	3	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	3	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
WINREVAIR INJ 60MG QL (2 vials / 21 days)	3	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	3	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	3	NDS QL NM PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	NDS QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	

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

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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
CELEXA TABS 10mg, 20mg, 40mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL	<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL	LEXAPRO TABS 5mg, 10mg, 3 20mg	3	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA	MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA	<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
EFFEXOR XR CP24 37.5mg, 3 75mg, 150mg	3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TDBP 15mg, 30mg, 45mg	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	3	NDS QL PA	NARDIL TABS 15mg	3	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA	<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA	PARNATE TABS 10mg	3	NDS
<i>fluoxetine hcl</i> CAPS 10mg, 40mg; SOLN 20mg/5ml	1		<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	1		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL	<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA	<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA	TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older	2	PA	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 65 years and older	2	PA	<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 65 years and older	2	PA	VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL	WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL ST
<i>protriptyline hcl</i> TABS 5mg, 10mg	3		ZOLOFT CONC 20mg/ml; TABs 25mg, 50mg, 100mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA	ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	3	NDS QL NM PA
REMERON TABS 15mg, 30mg	3		ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	3	NDS QL NM PA
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3		<b>ANTIPARKINSONIAN AGENTS</b>		
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABs 25mg, 50mg, 100mg	1		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
SPRAVATO SOL 56MG DOS	3	NDS NM PA	<i>amantadine hcl</i> SOLN 50mg/5ml; TABs 100mg	1	
SPRAVATO SOL 84MG DOS	3	NDS NM PA	AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	3	NDS QL
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1		<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
			<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 (generic of LODOSYN) TABS 25mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20 <i>entacapone TABS 200mg</i>	3	NDS B/D NM
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	3	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM PA
LODOSYN TABS 25mg	3	NDS
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)</i>	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	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	3	NDS NM PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
<b>ANTIPSYCHOTICS</b>		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	3	NDS QL

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> 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)	1	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST	CLOZARIL TABS 25mg	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	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	COBENFY CAP 50-20MG QL (60 caps / 30 days)	3	NDS QL PA
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS	COBENFY CAP 100-20MG QL (60 caps / 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	COBENFY CAP 125-30MG QL (60 caps / 30 days)	3	NDS QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	3	NDS QL	COBENFY STRT CAP PACK QL (2 packs / year)	3	NDS QL PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1		ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL
<i>clozapine</i> TABS 50mg	1		ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	3	NDS QL
			FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA
			FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
			FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
			<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
			<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	3	NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	3	NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	3	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	3	NDS QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	3	NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	3	NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
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	
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	3	NDS QL PA
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
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	3	NDS QL PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		BRIVIACT SOLN 50mg/5ml	3	PA
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1		BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	NDS QL PA
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	3	NDS QL	<i>carbamazepine</i> CHEW 100mg, 200mg	1	
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	3	NDS QL	<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA	<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL	CARBATROL CP12 100mg, 200mg, 300mg	3	
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL	CELONTIN CAPS 300mg	3	
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
ZYPREXA TABS 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
<b>ANTISEIZURE AGENTS</b>			<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 applies 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			

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	3	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	3	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	3	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL	<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS	<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
KEPPRA TABS 250mg	3		<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
KEPPRA XR TB24 500mg, 750mg	3	NDS	<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL	<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL	<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1		<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL	<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3		LEVETIR/NAACL INJ 5MG/ML	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS	LEVETIR/NAACL INJ 10MG/ML	3	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS ST	LEVETIR/NAACL INJ 15MG/ML	3	
LAMICTAL ODT KIT BLUE	3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL ODT KIT GREEN	3		LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
LAMICTAL ODT KIT ORANGE	3				
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3				
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3				
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3				
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS ST			
LAMICTAL XR KIT	3				

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1		NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1		NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1		NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA	NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL
LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA	ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	NDS QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA	ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	NDS QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1		<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	3	QL PA	<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	3	NDS PA
MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA	OXTELLAR XR TB24 150mg	3	PA
MYSOLINE TABS 50mg, 250mg	3	NDS	OXTELLAR XR TB24 300mg, 600mg	3	NDS PA
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	3	QL	<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
			<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
			<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	3	QL PA
			<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	3	NDS QL PA
<i>phenytek</i> CAPS 200mg, 300mg	1		<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SABRIL PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>phenytoin sodium</i> SOLN 50mg/ml	1		SABRIL TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA	SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA	<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS
<i>primidone</i> TABS 125mg	1		<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA
			TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
			TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
			<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
			TOPAMAX TABS 25mg	3	
			TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
TOPAMAX SPRINKLE CPSP 3 15mg	3	
TOPAMAX SPRINKLE CPSP 3 25mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> (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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 10mg QL (150 caps / 30 days)	3	NDS QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 15mg QL (120 caps / 30 days)	3	NDS QL PA
<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> 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> 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> 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> (generic of DEXEDRINE) 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 2.5mg, 5mg, 7.5mg, 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			
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	2	QL PA	<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	2	QL PA	<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA	RITALIN TABS 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA	<i>zenedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA	<b>HYPNOTICS</b>		
			AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	3	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	3	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	3	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	3	NDS QL PA
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	1	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	3	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	3	NDS QL ST
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL	AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	3	NDS QL NM PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA	DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	3	NDS QL NM PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL ST	DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	3	NDS QL NM PA
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST	<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NDS NM PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	<i>edaravone</i> SOLN 60mg/100ml	3	NDS NM PA
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST	ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	EQUETRO CP12 100mg, 200mg, 300mg	3	
<b>MISCELLANEOUS</b>			EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS NM PA
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	3	NDS QL NM PA	FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	3	NDS QL NM PA
			<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
			<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
			GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
			GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
			GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESPAN TBCR 180mg	3	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	NDS QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	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 PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	3	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	3	NDS QL NM 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 PA
BETASERON KIT .3mg QL (14 kits / 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
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	3	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	3	NDS NM PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	3	NDS QL NM PA
<i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM 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 PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	3	NDS QL NM PA	PLEGRIDY INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	3	NDS QL NM PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	3	NDS QL NM PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	3	NDS QL NM PA	TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	3	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	3	NDS QL NM PA	<i> teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	3	NDS QL NM PA	VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	3	NDS QL NM PA	ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	3	NDS QL NM PA
			ZEPOSIA CAP STR KIT QL (2 packs / year)	3	NDS QL NM PA
			<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
			<i> baclofen</i> SOLN 5mg/5ml	1	PA
			<i> baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
			<i> baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	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
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	NDS PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	NDS QL PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	

Drug Name	Drug Requirements/ Tier	Limits
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
ZANAFLEX TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
<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 PA
LUMRYZ PAK STARTER QL (2 packs / year)	3	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	3	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	3	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	NDS QL NM PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i> QL (180 films / 30 days)	1	QL	SUBOXONE MIS 4-1MG 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 8-2MG QL (90 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (120 films / 30 days)	1	QL	SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL	<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL	VIVITROL SUSR 380mg	3	NDS NM
<i>bupropion hcl (smoking deterrent) TB12 150mg</i> QL (60 tabs / 30 days)	1	QL	ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
<i>disulfiram TABS 250mg, 500mg</i>	1		ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
KLOXXADO LIQD 8mg/0.1ml	2		ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
<i>lofexidine hcl (generic of LUCEMYRA) TABS .18mg</i> QL (228 tabs / 14 days)	3	NDS QL PA	ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA	ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1		ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
<i>naltrexone hcl TABS 50mg</i>	1		<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
NICOTROL NS SOLN 10mg/ml	3		AVEED SOLN 750mg/3ml	3	NDS NM PA
OPVEE SOLN 2.7mg/0.1ml	3		AZMIRO SOSY 200mg/ml	3	PA
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM	<i>danazol CAPS 50mg, 100mg, 200mg</i>		
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL	<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
			JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
			JATENZO CAPS 237mg QL (60 caps / 30 days)	3	NDS QL PA
			TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
			<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	1	QL PA
			<i>testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm</i> QL (150 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
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
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB XR 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
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST	<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL	RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL PA
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	SYMLINPEN 60 SOPN 1500mcg/1.5ml 3 NDS PA	3	NDS PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	SYMLINPEN 120 SOPN 2700mcg/2.7ml 3 NDS PA	3	NDS PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1		SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL	SYNJARDY TAB 12.5-500 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	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA	SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL
			SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
			TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	INSULIN SYRINGES: EMBECTA-BD	2	PA
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	LANTUS SOLN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	LANTUS SOLOSTAR SOPN 100unit/ml	2	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	NOVOLIN INJ 70/30 (brand RELION not covered)	2	
TZIELD SOLN 2mg/2ml	3	NDS NM PA	NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	B/D
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	NOVOLOG SOLN 100unit/ml	2	B/D
<b>ANTIDIABETICS, INSULINS</b>			NOVOLOG FLEXPEN SOPN 100unit/ml	2	
ADMELOG SOLN 100unit/ml	2	B/D	NOVOLOG FLEXPEN	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2		RELION SOPN 100unit/ml		
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
FIASP SOLN 100unit/ml	2	B/D	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2		NOVOLOG PENFILL SOCT 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2		NOVOLOG RELION SOLN 100unit/ml	2	B/D
FIASP PUMPCART SOCT 100unit/ml	2	B/D	SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
GAUZE PADS 2X2	2	PA			
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: EMBECTA-BD	2	PA			

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Drug Name	Drug Requirements/ Tier	Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
<b>CALCIUM REGULATORS</b>		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
AELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	3	NDS QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	3	NDS QL NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	3	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days) (generic of Forteo)	3	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	3	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	3	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	3	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 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	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> TABS 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	3	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA	<i>aviane</i>	1	
DEPEN TITRATABS TABS 250mg	3	NDS NM	<i>ayuna</i>	1	
DESFERAL SOLR 500mg	3	NM PA	<i>azurette</i>	1	
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM PA	<i>balziva</i>	1	
FERRIPROX SOLN 100mg/ml; TABS 1000mg	3	NDS NM PA	<i>blisovi 24 fe</i>	1	
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM PA	<i>blisovi fe 1.5/30</i>	1	
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM PA	<i>briellyn</i>	1	
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM PA	<i>camila</i> TABS .35mg	1	
<i>kionex</i> SUSP 15gm/60ml	1		<i>camrese</i>	1	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM	<i>camrese lo</i>	1	
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1		<i>chateal eq</i>	1	
<i>sps</i> SUSP 15gm/60ml	1		<i>cryselle-28</i>	1	
<i>sps rectal</i> SUSP 15gm/60ml	1		<i>cyred eq</i>	1	
SYPRINE CAPS 250mg	3	NDS NM PA	<i>dasetta 1/35</i>	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM PA	<i>dasetta 7/7/7</i>	1	
<i>trientine hcl</i> CAPS 500mg	3	NDS NM PA	<i>daysee</i>	1	
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2		<i>deblitane</i> TABS .35mg	1	
<b>CONTRACEPTIVES</b>			DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>afirmelle</i>	1		DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>altavera</i>	1		<i>desogest-eth estrad &amp; eth</i> <i>estrاد tab 0.15-0.02/0.01</i> <i>mg(21/5)</i>	1	
<i>alyacen 1/35</i>	1		<i>dolishale</i>	1	
<i>alyacen 7/7/7</i>	1		<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451</i> <i>mg (generic of SAFYRAL)</i>	1	
<i>amethyst</i>	1		<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.02 mg (generic of</i> <i>YAZ)</i>	1	
ANNOVERA MIS	3		<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.03 mg (generic of</i> <i>YASMIN 28)</i>	1	
<i>apri</i>	1		<i>elinest</i>	1	
<i>aranelle</i>	1		<i>eluryng</i> (generic of NUVARING)	1	
<i>ashlyna</i>	1		<i>emzahh</i> TABS .35mg	1	
<i>aubra eq</i>	1		<i>enilloring</i> (generic of NUVARING)	1	
<i>aurovela 1/20</i>	1		<i>enskyce</i>	1	
<i>aurovela 24 fe</i>	1		<i>errin</i> TABS .35mg	1	
<i>aurovela fe 1.5/30</i>	1		<i>estarylla</i>	1	
<i>aurovela fe 1/20</i>	1				
AVERI TAB	3				

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

Drug Name	Drug Requirements/ Tier Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>lojaimiess</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>meleya</i> TABS .35mg	1
<i>merzee</i> (generic of TAYTULLA)	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
<i>mono-lynyah</i>	1
NATAZIA TAB	3
<i>necon 0.5/35-28</i>	1
NEXPLANON IMPL 68mg	2 NM
NEXTSTELLIS TAB 3- 14.2MG	3

Drug Name	Drug Requirements/ Tier Limits
<i>nikki</i> (generic of YAZ)	1
<i>nora-be</i> TABS .35mg	1
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1
<i>norethindrone (contraceptive)</i> TABS .35mg	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	1
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc</i> TABS .35mg	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
<i>orquidea</i> TABS .35mg	1
PHEXXI GEL	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>rosyrah</i>	1
SAFYRAL TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>turqoz</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
<b>ESTROGENS</b>	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone sod phosphate &amp; 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 ELIX</i> .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate SOLN</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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 5mg/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 acetate</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
PROGLYCEM SUSP 50mg/ml	3	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM	ELAPRASE SOLN 6mg/3ml	3	NDS NM PA
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM PA	ELELYSO SOLR 200unit	3	NDS NM PA
<i>cabergoline</i> TABS .5mg	1		ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	3	NDS NM PA
CARBAGLU TBSO 200mg	3	NDS NM PA	EVISTA TABS 60mg	3	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA	FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D	FENSOLVI KIT 45mg	3	NDS NM PA
CERDELGA CAPS 84mg	3	NDS NM PA	GALAFOLD CAPS 123mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM PA	GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA	GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM	GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM	INCRELEX SOLN 40mg/4ml	3	NDS NM PA
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	3	NDS QL NM PA	ISTURISA TABS 1mg QL (240 tabs / 30 days)	3	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	3	NDS QL NM PA	ISTURISA TABS 5mg QL (360 tabs / 30 days)	3	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA	<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
CYSTADANE POW	3	NDS NM	JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM PA
CYTAGON CAPS 50mg, 150mg	3	NM PA	JYNARQUE PAK 30-15MG	3	NDS NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS	JYNARQUE PAK 45-15MG	3	NDS NM PA
DDAVP TABS .1mg	3		JYNARQUE PAK 60-30MG	3	NDS NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS	JYNARQUE PAK 90-30MG	3	NDS NM PA
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1		KANUMA SOLN 20mg/10ml	3	NDS NM PA
<i>desmopressin acetate spray</i> SOLN .01%	1		KORLYM TABS 300mg	3	NDS NM PA
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1		KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
DOJOLVI LIQD 100%	3	NDS NM PA	LAMZEDE SOLR 10mg	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA	<i>lanreotide acetate</i> SOLN 120mg/0.5ml	3	NDS NM PA
			LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NDS NM PA
			<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
			LUMIZYME SOLR 50mg	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
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 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 PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NDS NM PA	OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM 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 PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	3	NDS QL NM PA	ORIAHNN CAP 3	3	NDS PA
MYALEPT SOLR 11.3mg	3	NDS NM PA	ORLISSA TABS 150mg, 200mg	3	NDS PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM PA	PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM PA
MYFEMBREE TAB 3	3	NDS PA	PHEBURANE PLLT 483mg/gm	3	NDS NM PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM PA	POMBILITI SOLR 105mg	3	NDS NM PA
NEXVIAZYME SOLR 100mg	3	NDS NM PA	PREGNYL W/DILUENT	3	NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM PA	BENZYL SOLR 10000unit		
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NDS NM PA	PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA	RAVICTI LIQD 1.1gm/ml	3	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA	RECORLEV TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	NDS NM PA	REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA	REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA	SAMSCA TABS 15mg, 30mg	3	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA	SANDOSTATIN SOLN 50mcg/ml	3	NM PA
			SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
			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
			SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM 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 PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
SYNAREL SOLN 2mg/ml	3	NDS PA
TEPEZZA SOLR 500mg	3	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 30</i> & 15 mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 45</i> & 15 mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 60</i> & 30 mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 90</i> & 30 mg	3	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	3	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
VPRIV SOLR 400unit	3	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
<b>PROGESTINS</b>		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
<b>THYROID AGENTS</b>		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST	<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>levoxyil</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		RAYALDEE CPCR 30mcg	3	NDS
<i>propylthiouracil</i> TABS 50mg	1		ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST	ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
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	ST	<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		AKYNZEO CAP 300-0.5	3	B/D
<b>VITAMIN D ANALOGS</b>			AKYNZEO INJ 235-0.25	3	NM
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	AKYNZEO INJ 235- 0.25MG/20ML	3	NM
			APONVIE EMUL 32mg/4.4ml	3	
			<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
			<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
			<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
			BONJESTA TAB 20-20MG	3	
			CINVANTI EMUL 130mg/18ml	3	
			<i>compro</i> SUPP 25mg	1	
			DICLEGIS TAB 10-10MG	3	
			<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
			<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
			<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
			EMEND SOLR 150mg	3	
			EMEND SUSR 125mg/5ml	3	NDS B/D
			EMEND BIPACK CAPS 80mg	3	B/D
			EMEND TRIPAC PAK 125 & 80	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBP 16mg	3	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
<i>promethazine</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	3	NDS QL
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBP 90mg	3	B/D NM
<b>ANTISPASMODICS</b>		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA	AZULFIDINE EN-TABS TBEC 500mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA	<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA	<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1		<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL	<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL	CANASA SUPP 1000mg QL (30 suppositories / 30 days)	3	NDS QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1		CORTENEMA ENEM 100mg/60ml	3	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA	DIPENTUM CAPS 250mg	3	NDS
<b>H2-RECEPTOR ANTAGONISTS</b>			<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1		LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL	<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1		<i>mesalamine</i> CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1		<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1		<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>nizatidine</i> CAPS 150mg, 300mg	1		<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
PEPCID TABS 20mg, 40mg	3		<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<b>INFLAMMATORY BOWEL DISEASE</b>			<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL	<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
AZULFIDINE TABS 500mg	3		PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL	BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM PA
ROWASA KIT 4gm QL (28 bottles / 28 days)	3	NDS QL	BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	3	NDS QL	CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1		CREON CAP 3000UNIT	2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1		CREON CAP 6000UNIT	2	
UCERIS FOAM 2mg/act	3		CREON CAP 12000UNT	2	
UCERIS TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA	CREON CAP 24000UNT	2	
<b>LAXATIVES</b>			CREON CAP 36000UNT	2	
<i>constulose</i> SOLN 10gm/15ml	1		<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>enulose</i> SOLN 10gm/15ml	1		CYTOTEC TABS 100mcg, 200mcg	3	
<i>gavilyte-c</i>	1		<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>gavilyte-g</i> (generic of GOLYTELY)	1		<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3	
<i>gavilyte-n/flower pack</i>	1		EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	3	NDS QL PA
<i>generlac</i> SOLN 10gm/15ml	1		GASTROCROM CONC 100mg/5ml	3	NDS
<i>lactulose</i> SOLN 10gm/15ml	1		GATTEX KIT 5mg	3	NDS NM PA
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1		HELIDAC MIS THERAPY	3	NDS
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1		IQIRVO TABS 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1		LIVDELZI CAPS 10mg QL (30 caps / 30 days)	3	NDS QL NM PA
<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		LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NDS NM PA
<b>MISCELLANEOUS</b>			LOMOTIL TAB 2.5MG	3	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	NDS QL PA	<i>loperamide hcl</i> CAPS 2mg	1	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA	LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1		<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL
QL (30 tabs / 30 days)		
OCALIVA TABS 5mg, 10mg	3	NDS QL NM PA
QL (30 tabs / 30 days)		
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	
REBYOTA SUSP 150ml	3	NDS QL NM PA
QL (150 mL / 30 days)		
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	3	NDS QL PA
QL (28 syringes / 28 days)		
RELISTOR SOLN 12mg/0.6ml	3	NDS QL PA
QL (28 vials / 28 days)		
RELISTOR TABS 150mg	3	NDS QL PA
QL (90 tabs / 30 days)		
SUCRAID SOLN 8500unit/ml	3	NDS NM PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL
QL (30 tabs / 30 days)		
TALICIA CAP	3	
TRULANCE TABS 3mg	3	QL
QL (30 tabs / 30 days)		
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
VIOKACE TAB 10440	3	

Drug Name	Drug Requirements/ Tier	Limits
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK	2	QL PA
QL (2 kits / year)		
VOQUEZNA PAK TRIP PK	2	QL PA
QL (2 kits / year)		
VOWST CAP	3	NDS QL NM PA
QL (12 caps / 30 days)		
XERMELO TABS 250mg	3	NDS QL NM PA
QL (84 tabs / 28 days)		
XIFAXAN TABS 550mg	3	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TBEC 20mg	3	NDS QL ST
QL (30 tabs / 30 days)		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	QL
QL (30 caps / 30 days)		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg	1	QL
QL (30 caps / 30 days)		
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg	1	QL
QL (30 packets / 30 days)		
<i>esomeprazole sodium</i> SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg	1	QL
QL (60 caps / 30 days)		
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	QL
QL (60 caps / 30 days)		
NEXIUM CPDR 20mg, 40mg	3	QL ST
QL (30 caps / 30 days)		
NEXIUM PACK 2.5mg, 5mg	3	ST

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

Drug Name	Drug Requirements/ Tier	Limits
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NAACL SOL 40MG/100	3	
PANTOPR/NAACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
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
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<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	NDS QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	3	NDS QL NM PA
THIOLA TABS 100mg	3	NDS NM
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM

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

Drug Name	Drug Requirements/ Tier	Limits
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	1	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> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
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> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK 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 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		<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
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 TABS 2.5mg QL (60 tabs / 30 days)	2	QL
HEP SOD/D5W INJ 20000UNT	3		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
HEP SOD/D5W INJ 25000UNT	3		XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 12500UNT	2		<b>HEMATOPOIETIC GROWTH FACTORS</b>		
HEP SOD/NACL INJ 25000UNT	2		FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	3	NDS QL NM PA
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	LEUKINE SOLR 250mcg	3	NDS NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA
HEPARIN/NACL INJ 25000UNT	2		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
			PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
			XOLREMDI CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
			ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
			<b>MISCELLANEOUS</b>		
			ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
			ADZYNMA KIT 500unit, 1500unit	3	NDS NM PA
			AGRYLIN CAPS .5mg	3	
			ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 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
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<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 PA
BKEMV SOLN 300mg/30ml	3	NDS NM PA
CABLIVI KIT 11mg	3	NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM PA
DOPTELET TABS 20mg	3	NDS NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	3	NDS QL NM PA
ENDARI PACK 5gm	3	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM PA
EPYSQLI SOLN 300mg/30ml	3	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	3	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM 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 PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3	NDS NM PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	3	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	3	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	3	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	3	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	3	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	3	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	3	NDS QL NM PA
XROMI SOLN 100mg/ml	3	NDS
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 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	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	3	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	3	NDS QL NM PA
AVSOLA SOLR 100mg	3	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	3	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	3	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	3	NDS QL 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
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 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 PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN AJKT 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 AJKT 80mg/0.8ml QL (3 pens / 28 days)	3	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	3	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	3	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	3	NDS QL NM PA
RENFLEXIS SOLR 100mg	3	NDS NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	3	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	3	NDS QL NM PA	USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	3	NDS QL NM PA	USTEKINUMAB SOLN 130mg/26ml	3	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	3	NDS QL NM PA	USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	3	NDS NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	3	NDS QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	3	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	3	NDS QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	3	NDS QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	3	NDS NM PA	YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	3	NDS QL NM PA	YESINTEK SOLN 130mg/26ml	2	NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	NDS QL NM PA	YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
STELARA SOLN 130mg/26ml	3	NDS NM PA	YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA	<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	3	NDS QL NM PA	ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	NDS QL
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA	<i>hydroxychloroquine sulfate</i> TABs 100mg, 300mg, 400mg	1	
TREMFYA SOLN 200mg/20ml	3	NDS NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg	1	
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA	JYLAMVO SOLN 2mg/ml	3	B/D
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM PA
CYTOGAM SOLN 50mg/ml	3	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	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
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HEPAGAM B SOLN 312unit/ml	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
HYQVIA INJ 2.5-200	3	NDS NM PA
HYQVIA INJ 5-400	3	NDS NM PA
HYQVIA INJ 10-800	3	NDS NM PA
HYQVIA INJ 20-1600	3	NDS NM PA
HYQVIA INJ 30-2400	3	NDS NM 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 PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	3	NDS NM PA
ARCALYST SOLR 220mg	3	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	3	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	3	NDS NM PA
PALFORZIA CAP LEVEL 3	3	NDS NM PA
PALFORZIA CAP LEVEL 7	3	NDS NM PA
PALFORZIA CAP LEVEL 8	3	NDS NM PA
PALFORZIA CAP LEVEL 10	3	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM PA
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	3	NDS NM PA
VYVGART SOLN 400mg/20ml	3	NDS NM PA
VYVGART INJ HYTRULO	3	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	3	NDS QL NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 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
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	3	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARBUS XR TB24 4mg	3	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	3	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	3	NDS NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	3	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	3	NDS NM PA
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	3	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO)	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	

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
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	KCL/D5W/LACT INJ 20MEQ/L	3
dextrose 5% w/ sodium chloride 0.9%	1	KCL/D5W/NACL INJ 0.3/0.9%	3
dextrose 5% w/ sodium chloride 0.45%	1	<i>lactated ringer's solution</i>	1
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
dextrose 10% w/ sodium chloride 0.45%	1	<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
ISOLYTE-P INJ /D5W	3	<i>magnesium sulfate</i> SOLN 50%	2
ISOLYTE-S INJ	3	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
ISOLYTE-S INJ PH 7.4	3	MG SO4/D5W INJ 10MG/ML	2
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	PLASMA-LYTE INJ -A	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	<i>potassium chloride</i> SOLN 2meq/ml	1
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	TPN ELECTROL INJ	3 B/D

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

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<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</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin- dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc ophth</i> <i>susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone</i> <i>ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	1	
<i>bacitracin-polymyxin b ophth</i> <i>oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL	<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
QL (12 mL / 30 days)			<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL	<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
QL (12 mL / 30 days)			DUREZOL EMUL .05%	3	
NATACYN SUSP 5%	3		FLAREX SUSP .1%	3	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1		<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1		<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1		FML FORTE SUSP .25%	3	
OCUFLOX SOLN .3%	3		ILEVRO SUSP .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1		INVELTYS SUSP 1%	3	
<i>polycin ophth oint</i>	1		<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1		<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1		LOTEMAX SUSP .5%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1		<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
TOBREX OINT .3%	3		<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
trifluridine SOLN 1%	1		MAXIDEX SUSP .1%	3	
VIGAMOX SOLN .5%	3	QL	NEVANAC SUSP .1%	3	
QL (12 mL / 30 days)			PRED MILD SUSP .12%	3	
XDEMVIY SOLN .25%	3	NDS NM PA	<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
ZIRGAN GEL .15%	3		PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
<b>ANTI-INFLAMMATORIES</b>			TRIESENCE SUSP 40mg/ml	3	PA
ACULAR SOLN .5%	3		XIPERE SUSP 40mg/ml	3	NM PA
ACULAR LS SOLN .4%	3		YUTIQ IMPL .18mg	3	NDS NM
ACUVAIL SOLN .45%	3		<b>ANTIALLERGICS</b>		
ALREX SUSP .2%	3		<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1		<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1		<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1				
BROMSITE SOLN .075%	3				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIATE SOLN .24%	3	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>bimatoprost</i> SOLN .03%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
XALATAN SOLN .005%	3	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
CYSTADROPS SOLN .37%	3	NDS NM PA
CYSTARAN SOLN .44%	3	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	3	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	3	NDS QL NM PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM PA
XIIDRA SOLN 5%	2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	2	QL
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3	QL ST
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> PA applies if 65 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml PA applies if 65 years and older	3	PA
<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name		Drug Requirements/ Tier	Limits
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older		2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year		2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)		1	QL
<i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days)		1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml		1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older		3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year		2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year		2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)		1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)		1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%		1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)		3	NDS QL PA
<b>BETA AGONISTS</b>			
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)		1	QL

Drug Name		Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)		1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)		1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml		1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg		1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml		1	B/D
BROVANA NEBU 15mcg/2ml		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
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
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg		1	
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)		3	QL
<b>LEUKOTRIENE MODULATORS</b>			
ACCOLATE TABS 10mg, 20mg		3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg		1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg		3	

Drug Name	Drug Requirements/ Tier	Limits
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	3	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	3	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	3	NDS
<i>epinephrine</i> ( <i>anaphylaxis</i> ) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine</i> ( <i>anaphylaxis</i> ) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine</i> ( <i>anaphylaxis</i> ) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenacllick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	3	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>brey</i> na (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<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
<b>TOPICAL DERMATOLOGY, ACNE</b>		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
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) QL (45 gm / 30 days)	1	QL PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	1	PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel 1.2-5%</i> QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	QL PA	<i>clotrimazole</i> (topical) SOLN 1%	1	QL
QL (45 gm / 30 days)			QL (60 mL / 30 days)		
<i>tretinoin microsphere</i> GEL .04%, .1%	1	QL PA	<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL
QL (50 gm / 30 days)			QL (45 gm / 30 days)		
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08%	1	QL PA	<i>econazole nitrate</i> CREA 1%	1	QL
QL (50 gm / 30 days)			QL (85 gm / 30 days)		
<i>twice-daily clindamycin phosphate</i> (topical) GEL 1%	1	QL	JUBLIA SOLN 10%	3	NDS QL
QL (60 gm / 30 days)			QL (8 mL / 30 days)		
TWYNEO CRE 0.1-3%	3	QL PA	<i>ketoconazole</i> (topical) CREA 2%	1	QL
QL (30 gm / 30 days)			QL (60 gm / 30 days)		
WINLEVI CREA 1%	3	QL PA	<i>ketoconazole</i> (topical) SHAM 2%	1	QL
QL (60 gm / 30 days)			QL (120 mL / 30 days)		
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>klayesta</i> POWD 100000unit/gm	1	QL
ZIANA GEL	3	QL PA	QL (60 gm / 30 days)		
QL (60 gm / 30 days)			<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%	1	QL PA
<b>DERMATOLOGY, ANTIBIOTICS</b>			QL (50 gm / 30 days)		
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1%	1	QL	<i>naftifine hcl</i> CREA 1%	1	QL
QL (30 gm / 30 days)			QL (90 gm / 30 days)		
<i>mupirocin</i> OINT 2%	1	QL	<i>naftifine hcl</i> CREA 2%	1	QL
QL (220 gm / 30 days)			QL (60 gm / 30 days)		
SILVADENE CREA 1%	3		<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1		QL (60 gm / 30 days)		
<i>ssd</i> (generic of SILVADENE) CREA 1%	1		NAFTIN GEL 2%	3	QL
SULFAMYLON CREA 85mg/gm	3	QL	QL (60 gm / 30 days)		
QL (453.6 gm / 30 days)			<i>nyamyc</i> POWD 100000unit/gm	1	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>			QL (60 gm / 30 days)		
<i>ciclopirox</i> SHAM 1%	1	QL	<i>nystatin</i> (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL
QL (120 mL / 30 days)			QL (30 gm / 30 days)		
<i>ciclopirox olamine</i> CREA .77%	1	QL	<i>nystatin</i> (topical) POWD 100000unit/gm	1	QL
QL (90 gm / 30 days)			QL (60 gm / 30 days)		
<i>ciclopirox olamine</i> SUSP .77%	1	QL	<i>nystop</i> POWD 100000unit/gm	1	QL
QL (60 mL / 30 days)			QL (60 gm / 30 days)		
<i>clotrimazole</i> (topical) CREA 1%	1	QL	OXISTAT LOTN 1%	3	QL PA
QL (45 gm / 30 days)			QL (60 mL / 30 days)		
			<i>selenium sulfide</i> LOTN 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
VUSION OIN QL (50 gm / 30 days)	3	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	NDS QL PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
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
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	3	NDS QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 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% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate</i> emulsion FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL	<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL	<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
DUOBRII LOT QL (200 gm / 28 days)	3	NDS QL PA	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
EPIFOAM AER 1% QL (60 gm / 30 days)	3		<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	3	NDS QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL	<i>hydrocortisone (topical)</i> 1% QL (30 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL	<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 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>hydrocortisone valerate</i> CREA .2% QL (60 gm / 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>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	1 3	QL QL
			<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 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>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1		<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL	CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>					
DYCLOPRO SOLN .5%	3		CORTIFOAM FOAM 10%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA	DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA	<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA	<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL	ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM PA	EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM PA	FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM PA	<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA	<i>hydrocortisone (rectal)</i> CREA 1% 1%	1	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>					
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL	<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
ANUSOL-HC CREA 2.5%	3		HYFTOR GEL .2% QL (20 gm / 25 days)	3	NDS QL NM PA
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL	<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
			KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL PA
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL PA
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	3	NDS QL PA
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
<i>podofilox</i> (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	3	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
YCANATH SOLN .7% ZELSUVMI GEL 10.3%	3	NM PA NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX GEL .01% QL (30 gm / 30 days)	3	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl</i> (mouth-throat) SOLN 2%	1	
<i>nystatin</i> (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	

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08/29/2025