

SilverScript Employer PDP sponsored by State of Delaware (SilverScript)

2023 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/30/2022. For more recent information or other questions, please contact Customer Care at 1-844-757-0448, 24 hours a day, 7 days a week. TTY users should call 711.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

Formulary ID Number: 23263

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means SilverScript® Insurance Company. When it refers to "plan" or "our plan," it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2023. 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, 2024, and from time to time during the year.

What is the SilverScript Formulary?

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

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

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

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization,

and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2023. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her 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.

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

How do I request an exception to the SilverScript Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer than 31 days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

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

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

	Network Retail Pharmacy (Up to a 31-day supply)	Mail-Order Pharmacy (Up to a 31-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$8.00	\$16.00	\$8.00
Tier 2: Preferred Brand	\$28.00	\$56.00	\$28.00
Tier 3: Non-Preferred Brand	\$50.00	\$100.00	\$50.00

Costs shown in the table above reflect the additional coverage that may be provided by State of Delaware. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Delaware would be covered under the 2023 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2023-Medicare-Part-D-Outlook.php> for more information about the 2023 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-844-757-0448, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
ALOPRIM SOLR 500mg	3	NDS	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diflunisal</i> TABS 500mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA	FELDENE CAPS 10mg, 20mg	3	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>flurbiprofen</i> TABS 100mg	1	
<i>probenecid</i> TABS 500mg	1		<i>ibu</i> TABS 600mg, 800mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ZYLOPRIM TABS 100mg, 300mg	3		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
NSAIDS			<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
ARTHROTEC 50 TAB	3		<i>nabumetone</i> TABS 500mg, 750mg	1	
ARTHROTEC 75 TAB	3		<i>naproxen</i> TABS 250mg, 375mg	1	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	<i>naproxen sodium</i> TABS 275mg	1	
DAYPRO TABS 600mg	3		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS 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 QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
METHADONE HCL SOLN 10mg/ml	3	
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	3	
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<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, 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, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, SHORT-ACTING					
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL	<i>endocet tab 7.5-325mg (generic of PERCOCET)</i>	1	QL
QL (2700 mL / 30 days)			QL (240 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL	<i>endocet tab 10-325mg (generic of PERCOCET)</i>	1	QL
QL (400 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL	<i>fentanyl citrate (generic of ACTIQ) LPOP 200mcg</i>	1	QL PA
QL (360 tabs / 30 days)			QL (120 lozenges / 30 days)		
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL	<i>fentanyl citrate (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	3	NDS QL PA
QL (180 tabs / 30 days)			QL (120 lozenges / 30 days)		
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL	<i>fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	3	NDS QL PA
QL (300 caps / 30 days)			QL (120 tabs / 30 days)		
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	3	NDS QL PA	FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	3	NDS QL PA
QL (120 lozenges / 30 days)			QL (120 tabs / 30 days)		
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL
			QL (2700 mL / 30 days)		
<i>butorphanol tartrate SOLN 10mg/ml</i>	1	QL	<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	1	QL
QL (10 mL / 30 days)			QL (240 tabs / 30 days)		
CODEINE SULFATE TABS 15mg, 60mg	3	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL
QL (180 tabs / 30 days)			QL (240 tabs / 30 days)		
<i>codeine sulfate TABS 30mg</i>	1	QL	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL
QL (180 tabs / 30 days)			QL (180 tabs / 30 days)		
DILAUDID LIQD 1mg/ml	3	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL
QL (600 mL / 30 days)			QL (180 tabs / 30 days)		
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL
			QL (180 tabs / 30 days)		
DILAUDID TABS 2mg, 4mg	3	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
QL (180 tabs / 30 days)			QL (180 tabs / 30 days)		
DILAUDID TABS 8mg	3	NDS QL	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL
QL (180 tabs / 30 days)			QL (150 tabs / 30 days)		
<i>endocet tab 2.5-325mg (generic of PERCOCET)</i>	1	QL			
QL (360 tabs / 30 days)					
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	1	QL			
QL (360 tabs / 30 days)					

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	1	QL	OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
<i>hydrocodone-ibuprofen tab</i> 10-200 mg QL (150 tabs / 30 days)	1	QL	<i>oxycodone hcl CAPS</i> 5mg QL (180 caps / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL	<i>oxycodone hcl CONC</i> 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D	<i>oxycodone hcl SOLN</i> 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>hydromorphone hcl SOLN</i> 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL	<i>oxycodone hcl TABS</i> 10mg, 20mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
LAZANDA SOLN 100mcg/act, 400mcg/act QL (30 bottles / 30 days)	3	NDS QL PA	<i>oxycodone w/ acetaminophen</i> <i>tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN</i> 4mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN</i> 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL	<i>oxymorphone hcl TABS</i> 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN</i> 20mg/ml QL (180 mL / 30 days)	1	QL	PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
<i>morphine sulfate TABS</i> 15mg, 30mg QL (180 tabs / 30 days)	1	QL	PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
<i>nalbuphine hcl SOLN</i> 10mg/ml, 20mg/ml	3		PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL	PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL	ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<i>albendazole</i> TABS 200mg	3	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	

Drug Name	Drug Requirements/ Tier	Limits
<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 LA PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	3	NDS NM LA PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
CUBICIN RF SOLR 500mg	3	NDS
DALVANCE SOLR 500mg	3	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS	<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
DAPTOMYCIN SOLR 350mg, 500mg	3	NDS	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>daptomycin</i> SOLR 500mg	3	NDS	MACROBID CAPS 100mg	3	
EMVERM CHEW 100mg QL (12 tabs / year)	3	NDS QL	MEPRON SUSP 750mg/5ml	3	NDS
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	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	
FLAGYL CAPS 375mg	3		<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1		<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1		METRONIDAZOLE SOLN 500mg/100ml	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1		<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1		NEBUPENT SOLR 300mg	3	B/D
HIPREX TABS 1gm	3		<i>neomycin sulfate</i> TABS 500mg	1	
HUMATIN CAPS 250mg	3		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	3	NDS QL
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
IMPAVIDO CAPS 50mg	3	NDS PA	ORBACTIV SOLR 400mg	3	NDS
INVANZ SOLR 1gm	3		<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	1	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA	PENTAM 300 SOLR 300mg	3	
KIMYRSA SOLR 1200mg	3	NDS	<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
KITABIS PAK NEBU 300mg/5ml	3	NDS NM LA PA	<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1		<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	1	
STROMEKTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	3	NDS
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	3	NDS NM LA PA
TOBI PODHALER CAPS 28mg	3	NDS NM LA 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	
TRIMETHOPRIM TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	3	NDS QL
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> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml QL (1800 mL / 180 days)	3	QL
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	NDS QL
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 200mg/100ml	3	NDS
ZYVOX SOLN 600mg/300ml	3	
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	3	NDS QL
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D
ANCOBON CAPS 250mg, 500mg	3	NDS PA
CANCIDAS SOLR 50mg, 70mg	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micalfungin sodium</i> SOLR 50mg	3	NDS
<i>micalfungin sodium</i> (generic of MYCAMINE) SOLR 100mg	3	NDS
NOXAFIL SOLN 300mg/16.7ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	3	NDS
SPORANOX PULSEPAK CAPS 100mg	3	PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	3	NDS PA
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL PA
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL PA
VFEND IV SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	3	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM
SELZENTRY TABS 25mg	3	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
SUSTIVA CAPS 50mg	3	NM
SUSTIVA CAPS 200mg; TABS 600mg	3	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMBIVIR TAB 150-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	3	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	3	NDS QL NM
DOVATO TAB 50-300MG	3	NDS NM
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM

Drug Name	Drug Requirements/ Tier	Limits
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
EPZICOM TAB 600-300	3	NDS NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NDS NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	1	NM
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI LO TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRIZIVIR TAB	3	NDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg	1	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	3	NDS
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	3	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	3	NDS
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
EPIVIR HBV SOLN 5mg/ml; TABS 100mg	3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
HEPSERA TABS 10mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	3	NDS QL PA
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1		<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
VALTREX TABS 1gm, 500mg	3		<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
VEMLIDY TABS 25mg	3	NDS NM PA	CEFTAZIDIME/ SOL D5W 1GM	3	
VOSEVI TAB	3	NDS NM PA	CEFTAZIDIME/ SOL D5W 2GM	3	
XOFLUZA TBPK 40mg, 80mg	3	QL	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
QL (1 tab / 180 days)			<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
ZOVIRAX SUSP 200mg/5ml	3		<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
CEPHALOSPORINS			<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
AVYCAZ INJ 2-0.5GM	3	NDS	FETROJA SOLR 1gm	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1		FORTAZ SOLR 1gm, 2gm, 500mg	3	
CEFAZOLIN ER TB12 500mg	3		SUPRAX CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
CEFAZOLIN INJ 1GM/50ML	3		TEFLARO SOLR 400mg, 600mg	3	NDS
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1		ZERBAXA INJ 1.5GM	3	NDS
CEFAZOLIN SOLN 2GM/100ML-4%	3		ERYTHROMYCINS/MACROLIDES		
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1		<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFEPIME/DEX INJ 1GM	3		<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
CEFEPIME/DEX INJ 2GM	3		DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml	1		<i>e.e.s. 400</i> TABS 400mg	1	
<i>cefixime</i> (generic of SUPRAX) SUSR 200mg/5ml	1		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
CEFOTAN SOLR 1gm, 2gm	3				
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1				
CEFOXITIN INJ 1GM	3				
CEFOXITIN INJ 2GM	3				
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1				
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1				

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
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>erythrocine stearate</i> TABS 250mg	1		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS	<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		PENICILLINS		
ZITHROMAX TRI-PAK TABS 500mg	3		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i>	1	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	1	
<i>ciprofloxacin 200 mg/100ml in</i> <i>d5w</i>	1		<i>amoxicillin & k clavulanate for</i> <i>susp 400-57 mg/5ml</i>	1	
<i>ciprofloxacin 400 mg/200ml in</i> <i>d5w</i>	1		<i>amoxicillin & k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1		<i>amoxicillin & k clavulanate tab</i> <i>250-125 mg</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN)	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i>	1	
			<i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	1	
			<i>ampicillin</i> CAPS 500mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
MINOLIRA TB24 105mg, 135mg	3	PA
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
TIGECYCLINE SOLR 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS
TYGACIL SOLR 50mg	3	NDS
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml; SYRP 50mg/5ml	3	
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
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	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
VALSTAR SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
DACOGEN SOLR 50mg	3	NDS B/D NM
<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 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
INFUGEM SOL 1200MG	3	NDS B/D
INFUGEM SOL 1300MG	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
INFUGEM SOL 1400MG	3	NDS B/D
INFUGEM SOL 1500MG	3	NDS B/D
INFUGEM SOL 1600MG	3	NDS B/D
INFUGEM SOL 1700MG	3	NDS B/D
INFUGEM SOL 1800MG	3	NDS B/D
INFUGEM SOL 1900MG	3	NDS B/D
INFUGEM SOL 2000MG	3	NDS B/D
INFUGEM SOL 2200MG	3	NDS B/D
INQOVI TAB 35-100MG	3	NDS NM LA PA
LONSURF TAB 15-6.14	3	NDS NM LA PA
LONSURF TAB 20-8.19	3	NDS NM LA PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	3	NDS B/D NM LA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	NDS
AROMASIN TABS 25mg	3	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
EMCYT CAPS 140mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ERLEADA TABS 60mg	3	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOLN 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	3	NDS B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM LA PA
ORGOVYX TABS 120mg	3	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
YONSA TABS 125mg	3	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg, 500mg	3	NDS NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	3	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM LA PA
BESREMI SOSY 500mcg/ml	3	NDS NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	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
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	3	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
MATULANE CAPS 50mg <i>mitoxantrone hcl</i> CONC 2mg/ml	3	NDS NM LA B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPASOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA PA
SYNRIBO SOLR 3.5mg	3	NDS NM PA
TARGRETIN CAPS 75mg	3	NDS NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
WELIREG TABS 40mg	3	NDS NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 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

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
JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA 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 protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM
toposar SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ALECENSA CAPS 150mg	3	NDS NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
ALUNBRIG PAK	3	NDS NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
BELEODAQ SOLR 500mg	3	NDS NM LA PA
BESPONSA SOLR .9mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
BLNREP SOLR 100mg	3	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg	3	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM LA PA
BRUKINSA CAPS 80mg	3	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA
COTELLIC TABS 20mg	3	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA
DARZALEX SOL FASPRO	3	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA
ENHERTU SOLR 100mg	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
EXKIVITY CAPS 40mg	3	NDS NM LA PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA	INREBIC CAPS 100mg	3	NDS NM LA PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA	IRESSA TABS 250mg	3	NDS NM LA PA
HERCEP HYLEC SOL 60-10000	3	NDS NM LA PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
HERCEPTIN SOLR 150mg	3	NDS NM LA PA	JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM LA PA	KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	KANJINTI SOLR 150mg, 420mg	3	NDS NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM LA PA	KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA PA
			KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA
			KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA
			KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
LUMAKRAS TABS 120mg	3	NDS NM LA PA
LUMOXITI SOLR 1mg	3	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	3	NDS NM LA PA
MEKTOVI TABS 15mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MONJUVI SOLR 200mg	3	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
NERLYNX TABS 40mg	3	NDS NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3	NDS QL NM PA
ODOMZO CAPS 200mg	3	NDS NM LA PA
OGIVRI SOLR 150mg	3	NDS NM LA PA
OGIVRI INJ 420MG	3	NDS NM LA PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
OPDUALAG SOL	3	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM LA PA
PHESGO SOL	3	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA
QINLOCK TABS 50mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA	TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA	TAZVERIK TABS 200mg	3	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
RYDAPT CAPS 25mg	3	NDS NM PA	TEPMETKO TABS 225mg	3	NDS NM LA PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA	TIBSOVO TABS 250mg	3	NDS NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA	TIVDAK SOLR 40mg	3	NDS NM LA PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA	TORISEL SOLN 25mg/ml	3	NDS B/D NM
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA	TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA	TRODELVY SOLR 180mg	3	NDS NM LA PA
STIVARGA TABS 40mg	3	NDS NM LA PA	TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA	TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	3	NDS NM LA PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA	TRUSELTIQ 125 MG DAILY DOSE	3	NDS NM LA PA
TAFINLAR CAPS 50mg, 75mg	3	NDS NM LA PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	TURALIO CAPS 200mg	3	NDS NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM LA PA	TYKERB TABS 250mg	3	NDS NM LA PA
TARCEVA TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
TARCEVA TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	VELCADE SOLR 3.5mg	3	NDS NM PA
			VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
			VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
			VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
			VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3	NDS QL NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
VOTRIENT TABS 200mg	3	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	3	NDS NM LA PA
XOSPATA TABS 40mg	3	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	3	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	3	NDS QL NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
ZELBORAF TABS 240mg	3	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
ZOLINZA CAPS 100mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA PA
ZYKADIA TABS 150mg	3	NDS NM LA PA
ZYNLONTA SOLR 10mg	3	NDS NM LA PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM LA
<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	1	B/D NM
<i>levoleucovorin calcium</i> SOLR 50mg	3	NDS B/D NM
MESNEX TABS 400mg	3	NDS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide 1 tab 20-25 mg</i> (generic of ZESTORETIC)	1	
LOTREL CAP 5-10MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 5-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL

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

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
QBRELIS SOLN 1mg/ml	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	3	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
ATACAND HCT TAB 16-12.5	3	QL
QL (60 tabs / 30 days)		
ATACAND HCT TAB 32-12.5	3	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 32-25MG	3	QL
QL (30 tabs / 30 days)		
AVALIDE TAB 150-12.5	3	QL
QL (60 tabs / 30 days)		
AVALIDE TAB 300-12.5	3	QL
QL (30 tabs / 30 days)		
AZOR TAB 5-20MG	3	QL
QL (30 tabs / 30 days)		

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL	<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL	TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL	TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL	TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL	TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL	TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	3	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
			<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
			<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg	3	
RYTHMOL SR CP12 325mg, 425mg	3	NDS
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL
<i>sotalol hcl</i> TABS 240mg	1		LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
SOTYLIZE SOLN 5mg/ml	3		LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
ANTILIPEMICS, FIBRATES			<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1		<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1		<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>fenofibrate</i> TABS 54mg, 160mg	1		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1		ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1		ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
LOPID TABS 600mg	3		ANTILIPEMICS, MISCELLANEOUS		
TRICOR TABS 48mg, 145mg	3		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
TRILIPIX CPDR 45mg, 135mg	3		<i>cholestyramine light</i> PACK 4gm	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL ST	<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL	COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL			
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST			
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST			
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1		PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA	<i>prevalite</i> PACK 4gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	QUESTRAN PACK 4gm; POWD 4gm/dose	3	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	QUESTRAN LIGHT POWD 4gm/dose	3	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	ROSZET TAB 5-10MG QL (30 tabs / 30 days)	3	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	ROSZET TAB 10-10MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-5MG QL (30 tabs / 30 days)	3	QL	ROSZET TAB 20-10MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL	ROSZET TAB 40-10MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL	VASCEPA CAPS .5gm, 1gm	3	
EZETIMIBE/ROSUVASTATIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL	VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA	VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
LOVAZA CAP 1GM	3	PA	VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA	VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA	WELCHOL PACK 3.75gm; TABS 625mg	3	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg QL (60 tabs / 30 days)	1	QL	ZETIA TABS 10mg	3	
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 1000mg QL (60 tabs / 30 days)	1	QL	BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA	<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
			<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
			<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	1	
			<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	1	
			<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1		<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1		<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1		<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	
ZIAC TAB 2.5/6.25	3		<i>nadolol (generic of CORGARD) TABS 20mg, 40mg, 80mg</i>	1	
ZIAC TAB 5-6.25MG	3		<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
ZIAC TAB 10/6.25	3		<i>pindolol TABS 5mg, 10mg</i>	1	
BETA-BLOCKERS			<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	1	
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1		<i>propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1		<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1		TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1		CALCIUM CHANNEL BLOCKERS		
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3		<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	1	
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1		CALAN SR TBCR 120mg, 180mg, 240mg	3	
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i>	1	QL	CARDIZEM TABS 30mg, 60mg, 120mg	3	
QL (30 caps / 30 days)			CARDIZEM CD CP24 120mg	3	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3	QL	CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
QL (30 caps / 30 days)			<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	1	
CORGARD TABS 20mg, 40mg, 80mg	3		<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS			
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3				
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	1				
LOPRESSOR TABS 50mg, 100mg	3				

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

Drug Name	Drug Requirements/ Tier	Limits
SULAR TB24 8.5mg, 17mg, 34mg	3	NDS
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadyt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
EDECIN TABS 25mg	3	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide inj SOLN</i> 10mg/ml	1	
<i>hydrochlorothiazide CAPS</i> 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide TABS</i> 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM LA PA
LASIX TABS 20mg, 40mg, 80mg	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>methazolamide TABS</i> 25mg, 50mg	1	
<i>metolazone TABS</i> 2.5mg, 5mg, 10mg	1	
SOAANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	1	
THALITONE TABS 15mg	3	
<i>toremide TABS</i> 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5- 25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg (generic of MAXZIDE- 25)</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate (generic of TEKTURNA) TABS</i> 150mg, 300mg	1	
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>clonidine (generic of CATAPRES-TTS-1) PTWK</i> .1mg/24hr	1	
<i>clonidine (generic of CATAPRES-TTS-2) PTWK</i> .2mg/24hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
DEMSEER CAPS 250mg	3	NDS PA
DIBENZYLINE CAPS 10mg	3	NDS PA
<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metyrosine</i> CAPS 250mg	3	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS PA
RANEXA TB12 500mg, 1000mg	3	
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA PA
OPSUMIT TABS 10mg	3	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
REVATIO SOLN 10mg/12.5ml; SUSR 10mg/ml; TABS 20mg	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TRACLEER TBSO 32mg	3	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
TYVASO SOLN .6mg/ml	3	NDS NM LA PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	3	QL PA	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	3	QL PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
ANTICONVULSANTS			<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	3	NDS QL	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	3	NDS QL PA	DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
BANZEL TABS 200mg QL (480 tabs / 30 days)	3	NDS QL PA	DEPAKOTE ER TB24 250mg, 500mg	3	
BANZEL TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA	DEPAKOTE SPRINKLES CSDR 125mg	3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	3	NDS QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM LA PA
BRIVIACT SOLN 50mg/5ml	3	PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	NDS QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM LA PA
<i>carbamazepine</i> CHEW 100mg	1		DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		DIASTAT ACUDIAL GEL 10mg, 20mg	3	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1		DIASTAT PEDIATRIC GEL 2.5mg	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1		<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
CARBATROL CP12 100mg, 200mg, 300mg	3		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
CELONTIN CAPS 300mg	3		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA			
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA			

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>ethosuximide</i> CAPS 250mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 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

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL TABS 2mg, 4mg, 12mg, 16mg	3	NDS
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	3	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	3	NDS
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 25mg	3		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR KIT	3		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		MYSOLINE TABS 50mg, 250mg	3	NDS
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1		NAYZILAM SOLN 5mg/0.1ml	3	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		NEURONTIN CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	3	QL
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1		NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	NDS QL
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL
LEVETIRACETA INJ 5MG/ML	3		NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL
LEVETIRACETA INJ 10MG/ML	3		ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	NDS QL PA
LEVETIRACETA INJ 15MG/ML	3		ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
OXTELLAR XR TB24 150mg, 300mg	3		<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
OXTELLAR XR TB24 600mg	3	NDS	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	3	NDS QL PA
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	3	PA	<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA	<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA	SABRIL PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
PHENYTEK CAPS 200mg, 300mg	3		SABRIL TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
<i>phenytoin sodium</i> SOLN 50mg/ml	1		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1		<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA	<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA	<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA	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	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
TOPAMAX TABS 25mg	3		XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL
TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
TOPAMAX SPRINKLE CPSP 15mg	3		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
TOPAMAX SPRINKLE CPSP 25mg	3	NDS	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
TRILEPTAL TABS 150mg	3		ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	3	QL PA	<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		<i>zonisamide</i> CAPS 50mg	1	
<i>valproic acid</i> CAPS 250mg	1		ANTIDEMENTIA		
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3		ARICEPT TABS 5mg, 10mg, 23mg	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA	<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA	EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	3	NDS QL	<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
VIMPAT SOLN 200mg/20ml	3	NDS	<i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL	<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
			<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	1	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
NAMENDA TABS 5mg, 10mg PA if < 30 yrs	3	PA	CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
NAMENDA TAB 5-10MG PA if < 30 yrs	3	PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	3	PA	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
NAMZARIC CAP 7-10MG	3		DESVENLAFAXINE ER TB24 50mg, 100mg	3	PA
NAMZARIC CAP 14-10MG	3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	PA
NAMZARIC CAP 21-10MG	3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
NAMZARIC CAP 28-10MG	3		<i>doxepin hcl</i> CAPS 150mg	3	
NAMZARIC CAP PACK	3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
RAZADYNE ER CP24 8mg, 16mg, 24mg	3		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1		<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1		EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
ANTIDEPRESSANTS			EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS PA
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS PA	FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1		FETZIMA CAP TITRATIO	3	PA
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1				
CELEXA TABS 10mg, 20mg, 40mg	3				
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 2	2	PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		4-10 mg PA if 70 years and older		
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>perphenazine-amitriptyline tab</i> 2	2	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3		4-25 mg PA if 70 years and older		
MARPLAN TABS 10mg	3		<i>perphenazine-amitriptyline tab</i> 2	2	PA
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		4-50 mg PA if 70 years and older		
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		PEXEVA TABS 10mg, 20mg, 40mg	3	QL
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1		QL (30 tabs / 30 days)		
NARDIL TABS 15mg	3		PEXEVA TABS 30mg	3	QL
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		QL (60 tabs / 30 days)		
NORPRAMIN TABS 10mg, 25mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		PRISTIQ TB24 25mg, 50mg, 100mg	3	PA
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS	PROZAC CAPS 10mg, 20mg	3	
PARNATE TABS 10mg	3	NDS	PROZAC CAPS 40mg	3	NDS
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	PA	REMERON TABS 15mg, 30mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
PAXIL SUSP 10mg/5ml	3	PA	SPRAVATO SOL 56MG DOS	3	NDS NM LA PA
<i>perphenazine-amitriptyline tab</i> 2	2	PA	SPRAVATO SOL 84MG DOS	3	NDS NM LA PA
2-10 mg PA if 70 years and older			<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>perphenazine-amitriptyline tab</i> 2	2	PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
2-25 mg PA if 70 years and older			<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
			TRINTELLIX TABS 5mg, 10mg, 20mg	3	
			<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
			<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VIIBRYD TABS 10mg, 20mg, 40mg	3		<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
VIIBRYD KIT STARTER	3		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1		<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3		<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
ANTIPARKINSONIAN AGENTS			COMTAN TABS 200mg	3	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	DHIVY TAB 25-100MG	3	
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1		DUOPA SUS 4.63-20	3	NDS B/D NM LA
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	3	NDS QL	<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1		GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA	GOCOVRI CP24 137mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM LA PA
<i>carb/levo orally disintegrating tab 10-100mg</i>	1		KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	3	NDS QL NM PA
<i>carb/levo orally disintegrating tab 25-100mg</i>	1		LODOSYN TABS 25mg	3	NDS
<i>carb/levo orally disintegrating tab 25-250mg</i>	1		MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1		NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM LA
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1		ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
<i>carbidopa & levodopa tab 25-250 mg</i>	1		OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM LA PA
<i>carbidopa & levodopa tab er 25-100 mg</i>	1				
<i>carbidopa & levodopa tab er 50-200 mg</i>	1				
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1				
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PARLODEL CAPS 5mg; TABS 2.5mg	3		ABILIFY MYCITE TABS 2mg, 3 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS QL PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1		QL (30 tabs / 30 days)		
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1		ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS QL PA
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	QL	QL (30 tabs / 30 days)		
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1		ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS QL PA
RYTARY CAP 95MG	3	ST	QL (30 tabs / 30 days)		
RYTARY CAP 145MG	3	ST	<i>aripiprazole</i> SOLN 1mg/ml	1	QL
RYTARY CAP 195MG	3	ST	QL (900 mL / 30 days)		
RYTARY CAP 245MG	3	ST	<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1		QL (30 tabs / 30 days)		
SINEMET TAB 10-100MG	3		<i>aripiprazole</i> TBDP 10mg, 15mg	3	NDS QL
SINEMET TAB 25-100MG	3		QL (60 tabs / 30 days)		
STALEVO 50 TAB	3		ARISTADA PRSY	3	NDS QL
STALEVO 75 TAB	3	NDS	441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml		
STALEVO 100 TAB	3	NDS	QL (1 syringe / 28 days)		
STALEVO 125 TAB	3	NDS	ARISTADA PRSY	3	NDS QL
STALEVO 150 TAB	3	NDS	1064mg/3.9ml		
STALEVO 200 TAB	3	NDS	QL (1 syringe / 56 days)		
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA	ARISTADA INITIO PRSY	3	NDS
XADAGO TABS 50mg, 100mg	3	NDS	675mg/2.4ml		
ZELAPAR TBDP 1.25mg	3	NDS	<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	QL
ANTIPSYCHOTICS			QL (60 tabs / 30 days)		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS QL	CAPLYTA CAPS 42mg	3	NDS QL PA
QL (30 tabs / 30 days)			QL (30 caps / 30 days)		
ABILIFY MAINTENA PRSY 300mg, 400mg	3	NDS QL	<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
QL (1 syringe / 28 days)			CHLORPROMAZINE	3	
ABILIFY MAINTENA SRER 300mg, 400mg	3	NDS QL	HYDROCHLOR CONC 30mg/ml, 100mg/ml		
QL (1 injection / 28 days)			<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	INVEGA TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	NDS QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	NDS QL
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	3	NDS QL PA	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL
CLOZARIL TABS 25mg, 50mg	3		LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	3	NDS QL
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	3	NDS QL	LATUDA TABS 80mg QL (60 tabs / 30 days)	3	NDS QL
CLOZARIL TABS 200mg QL (120 tabs / 30 days)	3	NDS QL	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
FANAPT PAK	3	PA	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	3	NDS QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	3		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
HALDOL DECANOATE 100 SOLN 100mg/ml	3				
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1				
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1		SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	NDS QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
<i>pimozide</i> TABS 1mg, 2mg	1		SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		SEROQUEL TABS 400mg	3	NDS
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA	SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA	SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	3	NDS QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	3	NDS QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	NDS QL	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
RISPERDAL TABS 4mg	3	NDS	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg	3		VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		VRAYLAR CAP 1.5-3MG	3	
<i>risperidone</i> TABS .25mg	1		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
			<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
			ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL	ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL	ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	3	NDS QL	ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA	ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL NM PA	ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL NM PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL	<i>amphetamine- dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL	<i>amphetamine- dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	3	NDS QL	<i>amphetamine- dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	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			

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> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> (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 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			

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>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA			
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
METHYLPHENIDATE HYDROCHLO TBCR 72mg QL (30 tabs / 30 days)	3	QL PA	VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA	<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA	<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA	<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	HYPNOTICS		
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA	AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA	AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
RELEXXII TBCR 72mg QL (30 tabs / 30 days)	3	QL PA	BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA			
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA			
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 22.5mg QL (30 caps / 30 days) PA if 65 years and older	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	<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
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM LA PA	<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL	<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	3	NDS QL PA	MIGRAINE		
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	3	NDS QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL	<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL	INGREZZA CAP 40-80MG QL (28 caps / 28 days)	3	NDS QL NM LA PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL ST	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL	LITHOBID TBCR 300mg	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL	LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL	LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL	MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
ZOMIG TABS 2.5mg, 5mg QL (12 tabs / 30 days)	3	NDS QL	MESTINON TIMESPAN TBCR 180mg	3	NDS
MISCELLANEOUS			NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA	<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
EQUETRO CP12 100mg, 200mg, 300mg	3		<i>pyridostigmine bromide</i> TABS 30mg	1	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
EXSERVAN FILM 50mg QL (60 films / 30 days)	3	NDS QL NM LA PA	<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
FIRDAPSE TABS 10mg	3	NDS NM LA PA	RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA	RILUTEK TABS 50mg	3	NDS
GRALISE TABS 600mg QL (90 tabs / 30 days)	3	QL PA	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
HORIZANT TBCR 300mg, 600mg	3	PA	SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	SAVELLA MIS TITR PAK	3	PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	3	NDS QL NM LA PA	<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA	GILENYA CAPS .5mg QL (28 caps / 28 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM LA PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS					
AMPYRA TB12 10mg	3	NDS NM LA PA	MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs in lifetime)	3	NDS QL NM LA PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs in lifetime)	3	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs in lifetime)	3	NDS QL NM LA PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs in lifetime)	3	NDS QL NM LA PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM LA PA	MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs in lifetime)	3	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs in lifetime)	3	NDS QL NM LA PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs in lifetime)	3	NDS QL NM LA PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA			
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA PA
OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM LA PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM LA PA
PLEGRIDY INJ STARTER QL (2 syringes / 28 days)	3	NDS QL NM LA PA
PLEGRIDY PEN INJ STARTER QL (2 pens / 28 days)	3	NDS QL NM LA PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
PONVORY TAB STARTER	3	NDS NM LA PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA PA
ZEPOSIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	2	PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
<i>metaxalone</i> (generic of SKELAXIN) TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>methocarbamol</i> TABS 500mg, 750mg PA if 70 years and older	2	PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	3	NDS QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA
ZANAFLEX CAPS 2mg, 4mg, 3 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDROGEL GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	3	QL PA
ANDROGEL PUMP GEL 1.62% QL (150 gm / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml	3	NM LA PA
DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	PA
FORTESTA GEL 10mg/act QL (120 gm / 30 days)	3	QL 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
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	1	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	1	QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
testosterone GEL 1% QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
testosterone cypionate (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose (generic of PRECOSE) 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
AMARYL TABS 1mg, 2mg QL (90 tabs / 30 days)	3	QL
AMARYL TABS 4mg QL (60 tabs / 30 days)	3	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	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
glimepiride (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL	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	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- 1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
RIOMET SOLN 500mg/5ml QL (765 mL / 30 days)	3	QL	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
			BASAGLAR KWIKPEN SOPN 100unit/ml	2	
			BD ALCOHOL SWABS	2	
			FIASP FLEX INJ TOUCH	2	
			FIASP INJ 100/ML	2	
			FIASP PENFIL INJ U-100	2	
			GAUZE PADS 2X2	2	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS	NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
INSULIN PEN NEEDLES: BD/NOVO	2		OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
INSULIN SAFETY NEEDLES	2		OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
INSULIN SYRINGES: BD	2		OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
LANTUS SOLN 100unit/ml	2		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
LANTUS SOLOSTAR SOPN 100unit/ml	2		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
LEVEMIR SOLN 100unit/ml	2		OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	3	QL PA
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
NOVOLIN INJ 70/30 (brand RELION not covered)	2		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2		TOUJEO SOLOSTAR SOPN 300unit/ml	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2		TRESIBA SOLN 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2		TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2		V-GO 20 KIT QL (1 kit / 30 days)	3	QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2		V-GO 30 KIT QL (1 kit / 30 days)	3	QL PA
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2		V-GO 40 KIT QL (1 kit / 30 days)	3	QL PA
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2		XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2		CALCIUM REGULATORS		
			ACTONEL TABS 35mg, 150mg	3	
			<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
			<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
			ATELVIA TBEC 35mg	3	
			BINOSTO TBEF 70mg	3	ST

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Drug Name	Drug Requirements/ Tier	Limits
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	3	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	3	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	3	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM PA
<i>trientine hcl</i> CAPS 250mg	3	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>amethia</i> (generic of SEASONIQUE)	1	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>amethyst</i>	1	<i>dolishale</i>	1
ANNOVERA MIS	3	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1
<i>apri</i>	1	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
<i>aranelle</i>	1	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>ashlyna</i> (generic of SEASONIQUE)	1	<i>elinest</i>	1
<i>aubra eq</i>	1	ELLA TABS 30mg	2
<i>aurovela 1/20</i>	1	<i>eluryng</i> (generic of NUVARING)	1
<i>aurovela 24 fe</i>	1	<i>emoquette</i>	1
<i>aurovela fe 1.5/30</i>	1	<i>enpresse-28</i>	1
<i>aurovela fe 1/20</i>	1	<i>enskyce</i>	1
<i>aviane</i>	1	<i>errin</i> TABS .35mg	1
<i>ayuna</i>	1	<i>estarylla</i>	1
<i>azurette</i> (generic of MIRCETTE)	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>balziva</i>	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>blisovi 24 fe</i>	1	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>blisovi fe 1.5/30</i>	1	<i>falmina</i>	1
<i>briellyn</i>	1	<i>femynor</i>	1
<i>camila</i> TABS .35mg	1	<i>gemmily</i> (generic of TAYTULLA)	1
<i>camrese</i> (generic of SEASONIQUE)	1	GENERESS FE CHW	3
<i>camrese lo</i> (generic of LOSEASONIQUE)	1	<i>hailey 1.5/30</i>	1
<i>caziant</i>	1	<i>hailey 24 fe</i>	1
<i>chateal</i>	1	<i>heather</i> TABS .35mg	1
<i>cryselle-28</i>	1	<i>iclevia</i>	1
<i>cyred eq</i>	1	<i>incassia</i> TABS .35mg	1
<i>dasetta 1/35</i>	1	<i>introvale</i>	1
<i>dasetta 7/7/7</i>	1	<i>isibloom</i>	1
<i>daysee</i> (generic of SEASONIQUE)	1	<i>jasmiel</i> (generic of YAZ)	1
<i>deblitane</i> TABS .35mg	1	<i>jolessa</i>	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	<i>juleber</i>	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	<i>junel 1.5/30</i>	1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1	<i>junel 1/20</i>	1

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<i>simliya</i> (generic of MIRCETTE)	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<i>simpesse</i> (generic of SEASONIQUE)	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	SLYND TABS 4mg	3
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (generic of MINASTRIN 24 FE)	1	<i>sprintec 28</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	1	<i>sronyx</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<i>syeda</i> (generic of YASMIN 28)	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1	<i>tarina 24 fe</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	<i>tarina fe 1/20 eq</i>	1
<i>norlyroc</i> TABS .35mg	1	<i>taysofy</i> (generic of TAYTULLA)	1
<i>nortrel 0.5/35 (28)</i>	1	TAYTULLA CAP 1MG/20MC	3
<i>nortrel 1/35 (21)</i>	1	<i>tilia fe</i>	1
<i>nortrel 1/35 (28)</i>	1	<i>tri-estarylla</i>	1
<i>nortrel 7/7/7</i>	1	<i>tri-legest fe</i>	1
<i>nylia 1/35</i>	1	<i>tri-linyah</i>	1
<i>nylia 7/7/7</i>	1	<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nymyo</i>	1	<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>ocella</i> (generic of YASMIN 28)	1	<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
PHEXXI GEL	3	<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>philith</i>	1	<i>tri-mili</i>	1
<i>pimtreea</i> (generic of MIRCETTE)	1	<i>tri-nymyo</i>	1
<i>pirmella 1/35</i>	1	<i>tri-sprintec</i>	1
<i>portia-28</i>	1	<i>tri-vylibra</i>	1
QUARTETTE TAB	3	<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>reclipsen</i>	1	<i>trivora-28</i>	1
<i>rivelsa</i> (generic of QUARTETTE)	1	TYBLUME CHW 0.1-0.02	3
SAFYRAL TAB	3	<i>tydemy</i> (generic of SAFYRAL)	1
SEASONIQUE TAB	3	<i>velivet</i>	1
<i>setlakin</i>	1	<i>vestura</i> (generic of YAZ)	1
<i>sharobel</i> TABS .35mg	1	<i>vienva</i>	1
		<i>viorele</i> (generic of MIRCETTE)	1
		<i>vyfemla</i>	1
		<i>vylibra</i>	1
		<i>wera</i>	1
		<i>wymzya fe</i>	1
		<i>xulane</i>	1
		YASMIN 28 TAB 3-0.03MG	3

Drug Name	Drug Requirements/ Tier	Limits
YAZ TAB 3-0.02MG	3	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i> (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
ORLISSA TABS 150mg, 200mg	3	NDS PA
SYNAREL SOLN 2mg/ml	3	NDS
ESTROGENS		
ACTIVEVELLA TAB 1-0.5MG	3	
<i>amabelz</i>	2	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3	
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
ESTRING RING 2mg	3	
ESTROGEL GEL .06%	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVEVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	

Drug Name	Drug Requirements/ Tier	Limits
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
TARPEYO CPDR 4mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
<i>triamcinolone acetate</i> SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	

Drug Name	Drug Requirements/ Tier	Limits
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	3	NDS
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM LA PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg	3	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN 4mcg/ml; TABS .1mg, .2mg	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
LUMIZYME SOLR 50mg	3	NDS NM LA PA	<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA	OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	3	NDS NM PA	ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA	ORIAHNN CAP PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS PA NDS NM LA PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA	PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM LA PA	PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
MYFEMBREE TAB	3	NDS PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA	RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA	RECORLEV TABS 150mg	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA	REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA	SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA
NORDITROPIN FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA	SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA	SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA	SANDOSTATIN SOLN 50mcg/ml	3	NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA	SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA	SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA	SENSIPAR TABS 30mg, 60mg, 90mg	3	NDS B/D NM
			SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA
TEPEZZA SOLR 500mg	3	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA PA
VPRIV SOLR 400unit	3	NDS NM LA PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
ZORBTIVE SOLR 8.8mg	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	
PHOSLYRA SOLN 667mg/5ml	3	
RENAGEL TABS 800mg	3	NDS
REVELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm, 2.4gm	3	NDS
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg	1	
<i>sevelamer hcl</i> TABS 400mg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	3	NDS
PROGESTINS		
AYGESTIN TABS 5mg	3	
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPR 30mcg	3	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
ALOXI SOLN .25mg/5ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 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</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL

Drug Name	Drug Requirements/ Tier	Limits
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	3	NDS B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
<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
MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	3	NDS B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
METOCLOPRAMIDE ODT TBDP 10mg	3	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<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> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA if 70 years and older	3	PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	3	NDS QL
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	3	NDS B/D QL
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1		CORTENEMA ENEM 100mg/60ml	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1		DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL
<i>glycopyrrolate</i> (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1		DIPENTUM CAPS 250mg	3	NDS
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA if 70 years and older	3	PA	<i>hydrocortisone</i> (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
H2-RECEPTOR ANTAGONISTS			LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1		<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>cimetidine hcl</i> SOLN 300mg/5ml	1		<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1		<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL	<i>mesalamine</i> ENEM 4gm	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL	<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL	<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1		<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>nizatidine</i> CAPS 150mg, 300mg	1		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
PEPCID TABS 20mg QL (120 tabs / 30 days)	3	QL	ORTIKOS CP24 6mg, 9mg QL (30 caps / 30 days)	3	NDS QL PA
PEPCID TABS 40mg QL (60 tabs / 30 days)	3	QL	PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
INFLAMMATORY BOWEL DISEASE			PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL	ROWASA KIT 4gm	3	NDS
AZULFIDINE TABS 500mg	3		SFROWASA ENEM 4gm/60ml	3	NDS
AZULFIDINE EN-TABS TBEC 500mg	3		<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1		<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA	UCERIS FOAM 2mg/act	3	
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA	UCERIS TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA
CANASA SUPP 1000mg	3	NDS			

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

Drug Name	Drug Requirements/ Tier	Limits
LAXATIVES		
CLENPIQ SOL	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	

Drug Name	Drug Requirements/ Tier	Limits
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS PA
SUCRAID SOLN 8500unit/ml	3	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
VOQUEZNA PAK DUAL PAK QL (2 boxes / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 boxes / year)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
XERMELO TABS 250mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
XIFAXAN TABS 550mg	3	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
NEXIUM I.V. SOLR 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> <i>0.5-0.4 mg</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
FLOMAX CAPS .4mg	3	
JALYN CAP	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
INTRAROSA INST 6.5mg	3	PA
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA TABS 100mg	3	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	ST
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GELNIQUE GEL 10%	3	ST
GEMTESA TABS 75mg	3	

Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	3	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
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
FRAGMIN SOSY 2500unit/0.2ml	3	
HEP SOD/DEXT INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine) 100</i> <i>unit/ml in d5w</i>	1	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 20000</i> <i>unit/500ml-5%</i>	1	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 25000</i> <i>unit/500ml-5%</i>	1	
HEPARIN/NACL INJ 25000UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml	3	
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
LEUKINE SOLR 250mcg	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
AGRYLIN CAPS .5mg	3	
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	3	NDS QL NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
DOPTELET TABS 20mg	3	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
FIRAZYR SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM LA PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM LA PA

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TAVNEOS CAPS 10mg	3	NDS NM LA PA	ENBREL MINI SOCT 50mg/ml	3	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		QL (8 cartridges / 28 days)		
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1		ENBREL SURECLICK SOAJ 50mg/ml	3	NDS QL NM PA
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA	QL (8 pens / 28 days)		
PLATELET AGGREGATION INHIBITORS			ENTYVIO SOLR 300mg	3	NDS NM LA PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	3	NDS QL NM PA
BRILINTA TABS 60mg, 90mg	2		QL (2 syringes / 28 days)		
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	3	NDS QL NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		QL (6 syringes / 28 days)		
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA	HUMIRA PEDIA INJ CROHNS	3	NDS NM PA
EFFIENT TABS 5mg, 10mg	3		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM PA
PLAVIX TABS 75mg	3		HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	3	NDS QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		QL (6 pens / 28 days)		
ZONTIVITY TABS 2.08mg	3		HUMIRA PEN PNKT 80mg/0.8ml	3	NDS QL NM PA
IMMUNOLOGIC AGENTS			QL (4 pens / 28 days)		
AUTOIMMUNE AGENTS			HUMIRA PEN KIT PS/UV	3	NDS NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	3	NDS QL NM LA PA	HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM LA PA	HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	3	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	3	NDS QL NM PA	QL (2 pens / 28 days)		
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA	QL (2 syringes / 28 days)		
			OTEZLA TABS 30mg QL (60 tabs / 30 days)	3	NDS QL NM PA
			OTEZLA TAB 10/20/30 QL (110 tabs / year)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RENFLEXIS SOLR 100mg	3	NDS NM LA PA	CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA	CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM LA PA
RINVOQ TB24 45mg QL (112 tabs / year)	3	NDS QL NM PA	CYTOGAM INJ 50mg/ml	3	NDS NM
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	3	NDS QL NM PA	FLEBOGAMMA DIF SOLN	3	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	3	NDS QL NM PA	2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	3	NDS QL NM LA PA	GAMASTAN INJ	3	B/D NM LA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	3	NDS QL NM PA	GAMMAGARD LIQUID	3	NDS NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA	SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	3	NDS QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)					
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	NDS QL	GAMMAKED SOLN	3	NDS NM PA
HYDROXYCHLOROQUINE SULFAT TABS 100mg, 300mg, 400mg	3		1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		GAMMAPLEX SOLN	3	NDS NM LA PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL	5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		
<i>methotrexate sodium</i> TABS 2.5mg	1		GAMUNEX-C SOLN	3	NDS NM PA
PLAQUENIL TABS 200mg	3		1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA
XATMEP SOLN 2.5mg/ml	3	B/D	HYQVIA INJ 2.5-200	3	NDS NM LA PA
IMMUNOGLOBULINS					
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM LA PA	HYQVIA INJ 5-400	3	NDS NM LA PA
			HYQVIA INJ 10-800	3	NDS NM LA PA
			HYQVIA INJ 20-1600	3	NDS NM LA PA
			HYQVIA INJ 30-2400	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	3	NDS NM PA	BENLYSTA SOLR 120mg, 400mg	3	NDS NM LA PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA	CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMMUNOMODULATORS			<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA	ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ARCALYST SOLR 220mg	3	NDS NM LA PA	ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
GRASTEK SUBL 2800bau	3	PA	<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
ILARIS SOLN 150mg/ml	3	NDS NM LA PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	3	NDS B/D NM LA	IMURAN TABS 50mg	3	B/D
ODACTRA SUB	3	PA	LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA
ORALAIR SUB 300 IR	3	NM LA PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
RAGWITEK SUBL 12amba1- u	3	PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
VYVGART SOLN 400mg/20ml	3	NDS NM LA PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
IMMUNOSUPPRESSANTS			MYFORTIC TBEC 180mg	3	B/D NM
ASTAGRAF XL CP24 5mg	3	NDS B/D NM	MYFORTIC TBEC 360mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM	NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
ATGAM INJ 50mg/ml	3	NDS B/D	NULOJIX SOLR 250mg	3	NDS B/D NM
<i>azasan</i> TABS 75mg, 100mg	1	B/D	PROGRAF CAPS 5mg	3	NDS B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	1	B/D	PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
<i>azathioprine</i> TABS 75mg, 100mg	1	B/D	RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM LA PA	RAPAMUNE TABS .5mg	3	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
REZUROCK TABS 200mg	3	NDS NM LA PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	3	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE SOLR 50mg	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DENG VAXIA SUS	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	

Drug Name	Drug Requirements/ Tier	Limits
PREHEVBRIO SUSP 10mcg/ml	2	B/D
PRIORIX INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2	
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/NACL 0.45%)	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/NACL 0.3%)	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	MG SO4/D5W INJ 10MG/ML	2
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	PLASMA-LYTE INJ -148	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	PLASMA-LYTE INJ -A	3
ISOLYTE-P INJ /D5W	3	<i>potassium chloride SOLN 2meq/ml</i>	1
ISOLYTE-S INJ	3	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
ISOLYTE-S INJ PH 7.4	3	<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	TPN ELECTROL INJ	3 B/D
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	K-TAB TBCR 10meq, 20meq	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	<i>klor-con PACK 20meq</i>	1
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	3	<i>klor-con 8 TBCR 8meq</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>klor-con 10 TBCR 10meq</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>klor-con m10 TBCR 10meq</i>	1
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3	<i>klor-con m15 TBCR 15meq</i>	1
KCL/D5W/LACT INJ 20MEQ/L	3	<i>klor-con m20 TBCR 20meq</i>	1
KCL/D5W/NACL INJ 0.3/0.9%	3	M-NATAL PLUS TAB	2
<i>lactated ringer's solution</i>	1	<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2	<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
<i>magnesium sulfate SOLN 50%</i>	2	PRENATAL TAB 27-1MG	2
		PRENATAL TAB PLUS	2
		PRENATAL VIT TAB LOW IRON	2

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Drug Name	Drug Requirements/ Tier	Limits
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
FREAMINE III INJ 10%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) 500unit/gm</i>	OINT	1
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) 5mg/gm</i>	OINT	1
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) .5%</i>	SOLN	1
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) .5%</i>	SOLN	1
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1
<i>tobramycin (ophth) SOLN .3%</i>	1
TOBEX OINT .3%	3
<i>trifluridine SOLN 1%</i>	1
VIGAMOX SOLN .5%	3
ZIRGAN GEL .15%	3
ZYMAXID SOLN .5%	3
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	3
ACULAR LS SOLN .4%	3
ACUVAIL SOLN .45%	3
ALREX SUSP .2%	2
<i>bromfenac sodium (ophth) SOLN .09%</i>	1
BROMSITE SOLN .075%	3
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1
<i>diclofenac sodium (ophth) SOLN .1%</i>	1
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1
DUREZOL EMUL .05%	3
FLAREX SUSP .1%	3
<i>fluorometholone (ophth) SUSP .1%</i>	1
<i>flurbiprofen sodium SOLN .03%</i>	1
FML OINT .1%	3
FML FORTE SUSP .25%	3
ILEVRO SUSP .3%	2
INVELTYS SUSP 1%	3
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1
LOTEMAX GEL .5%; SUSP .5%	3
LOTEMAX OINT .5%	2
LOTEMAX SM GEL .38%	3

Drug Name	Drug Requirements/ Tier Limits
<i>loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%</i>	1
MAXIDEX SUSP .1%	3
NEVANAC SUSP .1%	3
PRED MILD SUSP .12%	3
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	1
PREDNISOLONE SODIUM PHOSP SOLN 1%	2
PROLENSA SOLN .07%	2
XIPERE SUSP 40mg/ml	3 NM LA PA
YUTIQ IMPL .18mg	3 NDS NM LA
ANTIALLERGICS	
<i>azelastine hcl (ophth) SOLN .05%</i>	1
<i>bepotastine besilate (generic of BEPREVE) SOLN 1.5%</i>	1
BEPREVE SOLN 1.5%	3
<i>cromolyn sodium (ophth) SOLN 4%</i>	1
<i>epinastine hcl (ophth) SOLN .05%</i>	1
<i>olopatadine hcl SOLN .1%, .2%</i>	1
ZERVIATE SOLN .24%	3
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%	2
ALPHAGAN P SOLN .15%	3
AZOPT SUSP 1%	3
<i>betaxolol hcl (ophth) SOLN .5%</i>	1
BETIMOL SOLN .25%, .5%	3
BETOPTIC-S SUSP .25%	2
<i>brimonidine tartrate SOLN .2%</i>	1
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%</i>	1
<i>brinzolamide (generic of AZOPT) SUSP 1%</i>	1
<i>carteolol hcl (ophth) SOLN 1%</i>	1
COMBIGAN SOL 0.2/0.5%	2
COSOPT PF SOL 2%-0.5%	3

Drug Name	Drug Requirements/ Tier Limits
COSOPT SOL 22.3-6.8	3
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	1
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1
ISOPTO CARPINE SOLN 1%, 2%	3
ISTALOL SOLN .5%	3
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1
<i>levobunolol hcl</i> SOLN .5%	1
LUMIGAN SOLN .01%	2
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1
RHOPRESSA SOLN .02%	2
ROCKLATAN DRO	2
SIMBRINZA SUS 1-0.2%	2
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC OCUDOSE) SOLN .5%	1
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1
TIMOPTIC SOLN .25%, .5%	3
TIMOPTIC OCUDOSE SOLN .25%, .5%	3
TIMOPTIC-XE SOLG .25%, .5%	3
TRAVATAN Z SOLN .004%	3
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1
VYZULTA SOLN .024%	3
XALATAN SOLN .005%	3
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	2

Drug Name	Drug Requirements/ Tier Limits
<i>atropine sulfate (ophthalmic)</i> (generic of ATROPINE SULFATE) SOLN 1%	1
BEOVU SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3 NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3 NDS NM LA PA
CYSTADROPS SOLN .37%	3 NDS NM LA PA
CYSTARAN SOLN .44%	3 NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3 NDS NM LA PA
ISOPTO ATROPINE SOLN 1%	2
LACRISERT INST 5mg	3
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3 NDS NM LA PA
OXERVATE SOLN .002%	3 NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCALINE) SOLN .5%	1
RESTASIS EMUL .05%	2
RESTASIS MULTIDOSE EMUL .05%	2
SUSVIMO SOLN 10mg/0.1ml	3 NDS NM LA PA
VABYSMO SOLN 6mg/0.05ml	3 NDS NM LA PA
XIIDRA SOLN 5%	2
OTIC	
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	1
CETRAXAL SOLN .2%	3
CIPRO HC SUS OTIC	3
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% (generic of CIPRODEX)	1
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i> 0.3-0.025%	1
CORTISPORIN SUS -TC OTIC	3
DERMOTIC OIL .01%	3

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

Drug Name	Drug Requirements/ Tier	Limits
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
CLARINEX TABS 5mg	3	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBDP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
PATANASE SOLN .6%	3	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg, 50mg PA if 70 years and older	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	3	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	3	NDS B/D
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
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	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	3	B/D
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	3	B/D
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	3	NDS QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	

Drug Name	Drug Requirements/ Tier	Limits
ELIXOPHYLLIN ELIX 80mg/15ml	3	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	3	NDS QL NM LA PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM LA PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
FASENRA SOSY 30mg/ml	3	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	3	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	3	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	3	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL ST
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
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

Drug Name	Drug Requirements/ Tier	Limits
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
<i>adapalene</i> (generic of DIFFERIN) 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</i> gel 0.1-2.5% (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide</i> gel 0.3-2.5% (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
avita (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
avita GEL .025% QL (45 gm / 30 days)	1	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
clindacin etz pledgets SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindacin-p SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5% QL (45 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of EVOCLIN) FOAM 1%	1	
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB 1% QL (69 pledgets / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	3	NDS QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	NDS QL PA
<i>surfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
CENTANY OINT 2% QL (220 gm / 30 days)	3	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl CREA 1%; GEL 1%</i> QL (90 gm / 30 days)	1	QL
<i>naftifine hcl CREA 2%</i> QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
VUSION OIN QL (50 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene FOAM .005%; OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene SOLN .005%</i> QL (120 mL / 30 days)	1	QL PA
<i>calcitrene OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
<i>methoxsalen rapid CAPS 10mg</i>	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>tazarotene (generic of TAZORAC) CREA .1%</i> QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i> QL (120 mL / 30 days)	1	QL
<i>selenium sulfide LOTN 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%, 2.5%</i>	1	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	NDS QL
<i>alclometasone dipropionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	1	QL
<i>amcinonide LOTN .1%</i>	1	
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate CREA .1%; OINT .1%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate (generic of LUXIQ) FOAM .12%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate LOTN .1%</i> QL (120 mL / 30 days)	1	QL
CAPEX SHAM .01%	3	
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i> QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DUOBRII LOT QL (200 gm / 28 days)	3	NDS QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
IMPEKLO LOTN .15mg/act QL (68 gm / 30 days)	3	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
OLUX FOAM .05% QL (100 gm / 30 days)	3	NDS QL
OLUX-E FOAM .05% QL (100 gm / 30 days)	3	NDS QL
PANDEL CREA .1% QL (80 gm / 30 days)	3	NDS QL
<i>prednicarbate</i> OINT .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
SYNALAR SOLN .01% QL (90 mL / 30 days)	3	QL
<i>tovet</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) CREA .1% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
LIDODERM PTCH 5% QL (3 patches / 1 day)	3	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	NDS QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5% QL (40 gm / 30 days)	3	QL
ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%		
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL
NORITATE CREA 1% QL (60 gm / 30 days)	3	NDS QL
OPZELURA CREA 1.5% QL (240 gm / 28 days)	3	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	3	NDS QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<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>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
PROCTOFOAM AER HC 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROTOPIC OINT .03%, .1% QL (100 gm / 30 days)	3	QL
RECTIV OINT .4%	3	
RHOFADE CREA 1% QL (60 gm / 30 days)	3	QL
<i>rosadan</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	1	QL
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 LA PA
XERESE CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	3	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

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

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abacavir sulfate.....9	acebutolol hcl.....30	see ketorolac
abacavir sulfate-lamivudine	acetaminophen-caffeine-	tromethamine (ophth)
tab 600-300 mg.....10	dihydrocodeine cap83
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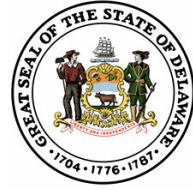
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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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