

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL
<i>febuxostat</i> TABS 40mg	1	PA
<i>febuxostat</i> (generic of ULORIC) TABS 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM LA PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	

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<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA if 70 years and older	1	QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	

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<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	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)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	4	NDS QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<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
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA

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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
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 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)	4	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
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL

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

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<i>fentanyl citrate LPOP</i> 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate TABS</i> 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL

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<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL	<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D	<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D	<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL	<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL	PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	4	NDS QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D	PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3		PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL	ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	4	NDS QL	ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL	SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL	<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL	<i>trezix</i> QL (300 caps / 30 days)	1	QL

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ANESTHETICS					
LOCAL ANESTHETICS					
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D	<i>clindamycin palmitate</i> <i>hydrochloride (generic of</i> CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>clindamycin phosphate</i> SOLN 1 600mg/4ml, 9000mg/60ml	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>clindamycin phosphate in d5w</i> <i>iv soln 300 mg/50ml</i>	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>clindamycin phosphate in d5w</i> <i>iv soln 600 mg/50ml</i>	1	
ANTI-INFECTIVES					
ANTI-INFECTIVES - MISCELLANEOUS					
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL	<i>clindamycin phosphate in d5w</i> <i>iv soln 900 mg/50ml</i>	1	
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA	CLINDMYC/NAC INJ 300/50ML	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		CLINDMYC/NAC INJ 600/50ML	3	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM LA PA	CLINDMYC/NAC INJ 900/50ML	3	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
AZACTAM SOLR 1gm, 2gm	3		COLY-MYCIN M SOLR 150mg	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		CUBICIN RF SOLR 500mg	4	NDS
BACTRIM DS TAB 800-160	3		DALVANCE SOLR 500mg	4	NDS
BACTRIM TAB 400-80MG	3		<i>dapsone</i> TABS 25mg, 100mg	1	
BETHKIS NEBU 300mg/4ml	4	NDS NM LA PA	DAPTOMY/NAACL INJ 350/50ML	3	
BILTRICIDE TABS 600mg	3		DAPTOMY/NAACL INJ 500/50ML	3	
CAYSTON SOLR 75mg	4	NDS NM LA PA	<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
CLEOCIN CAPS 75mg, 150mg, 300mg	3		DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3		<i>daptomycin</i> SOLR 500mg	4	NDS
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3		EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>ertapenem sodium</i> SOLR 1gm	1	
			FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL

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FLAGYL CAPS 375mg	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	4	NDS PA
INVANZ SOLR 1gm	3	
<i>ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM LA PA
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	4	NDS QL
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL
LINEZOLID INJ 2MG/ML	1	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml	4	NDS
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	

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<i>metronidazole (generic of FLAGYL) CAPS 375mg</i>	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>	4	NDS QL
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
ORBACTIV SOLR 400mg	4	NDS
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel TABS 600mg</i>	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine (generic of DARAPRIM) TABS 25mg</i>	4	NDS PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate SOLR 1gm</i>	4	NDS
<i>STROMECTOL TABS 3mg QL (12 tabs / 90 days)</i>	3	QL PA
<i>sulfadiazine TABS 500mg</i>	4	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	

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<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1		<i>vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1		<i>vancomycin hcl (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml</i>	1	QL
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1		QL (1800 mL / 180 days)		
<i>tinidazole TABS 250mg, 500mg</i>	1		VANCOMYCIN HYDROCHLORIDE SOLN	3	
TOBI NEBU 300mg/5ml	4	NDS NM LA PA	500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR		
TOBI PODHALER CAPS 28mg	4	NDS NM LA PA	1.25gm, 1.5gm, 1.75gm, 2gm, 750mg		
<i>tobramycin (generic of BETHKIS) NEBU 300mg/4ml</i>	4	NDS NM PA	VANCOMYCIN HYDROCHLORIDE SOLR	1	
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	4	NDS NM PA	1gm, 5gm, 10gm, 500mg		
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1		VANCOMYCIN INJ 1 GM	3	
<i>trimethoprim TABS 100mg</i>	1		VANCOMYCIN INJ 500MG	3	
VABOMERE INJ 2GM(1-1)	4	NDS	VANCOMYCIN INJ 750MG	3	
VANCOCIN CAPS 125mg	4	NDS QL	VIBATIV SOLR 750mg	4	NDS
QL (80 caps / 180 days)			XENLETA SOLN	4	NDS NM
VANCOCIN CAPS 250mg	4	NDS QL	150mg/15ml		
QL (160 caps / 180 days)			XIFAXAN TABS 200mg	3	QL
VANCOMYC/D5W INJ 1.5/300	3		QL (9 tabs / 30 days)		
VANCOMYC/D5W INJ 1.25/250	3		ZEMDRI SOLN 500mg/10ml	4	NDS
VANCOMYCIN SOLN 2000mg/400ml	3		ZYVOX SOLN 200mg/100ml	4	NDS
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg</i>	1	QL	ZYVOX SOLN 600mg/300ml	3	
QL (80 caps / 180 days)			ZYVOX SUSR 100mg/5ml	4	NDS QL
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg</i>	1	QL	QL (1800 mL / 30 days)		
QL (160 caps / 180 days)			ZYVOX TABS 600mg	4	NDS QL
<i>vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm</i>	1		QL (60 tabs / 30 days)		
			ANTIFUNGALS		
			ABELCET SUSP 5mg/ml	3	B/D
			AMBISOME SUSR 50mg	4	NDS B/D
			<i>amphotericin b SOLR 50mg</i>	1	B/D
			<i>amphotericin b liposome (generic of AMBISOME) SUSR 50mg</i>	4	NDS B/D
			ANCOBON CAPS 250mg, 500mg	4	NDS PA
			CANCIDAS SOLR 50mg, 70mg	4	NDS
			CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3	
DIFLUCAN TABS 200mg	4	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	4	NDS
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml	4	NDS PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL PA
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM LA
INTELENCE TABS 25mg	3	NM

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA TABS 700mg	4	NDS NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA TBPK 300mg	4	NDS NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
TROGARZO SOLN 200mg/1.33ml	4	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
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	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMBIVIR TAB 150-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)	1	NM
EPZICOM TAB 600-300	4	NDS NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
lamivudine-zidovudine tab 150-300 mg	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	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	4	NDS NM
TRIUMEQ TAB	4	NDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	4	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYCOBUTIN CAPS 150mg	4	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
RIFADIN SOLR 600mg	4	NDS
rifampin CAPS 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTIURO TABS 20mg, 100mg	4	NDS NM LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine</i> (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 30 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 30 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin</i> (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
XOFLUZA TBPk 40mg, 80mg QL (1 tab / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
CEFAZOLIN INJ 3GM/150ML- 4%	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	

Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1	
AMOXICILLIN SUSR 400mg/5ml	3	
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1	
<i>amoxicillin & k clavulanate</i> <i>chew tab</i> 400-57 mg	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES- 600)	1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN)	1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> <i>er</i> 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium</i> <i>for inj</i> 1.5 (1-0.5) gm (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> <i>for inj</i> 3 (2-1) gm (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln</i> 15 (10-5) gm (generic of UNASYN BULK PACK)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
NAFCILLIN INJ 1GM/50ML	4	NDS
NAFCILLIN INJ 2GM/100	4	NDS
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	4	NDS
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	4	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
TIGECYCLINE SOLR 50mg	4	NDS
<i>tigecycline (generic of TYGACIL)</i> SOLR 50mg	4	NDS
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
<i>bendamustine hcl (generic of TREANDA)</i> SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM LA
ZEPZELCA SOLR 4mg	4	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	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	4	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM LA
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	4	NDS QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL 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

Drug Name	Drug Requirements/ Tier	Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM LA PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
PURIXAN SUSP 2000mg/100ml	4	NDS NM LA
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	4	NDS B/D NM LA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	4	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
FARESTON TABS 60mg	4	NDS
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM LA PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	4	NDS NM LA PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM LA
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM	AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
ETOPOPHOS SOLR 100mg	3	B/D	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D	BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM	BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM	BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
JEVTANA SOLN 60mg/1.5ml	4	NDS NM LA PA	BAVENCIO SOLN 200mg/10ml	4	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D	BELEODAQ SOLR 500mg	4	NDS NM LA PA
PACLITAXEL INJ 100MG	4	NDS B/D NM	BESPONSA SOLR .9mg	4	NDS NM LA PA
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	NDS B/D NM	BORTEZOMIB SOLR 1mg, 2.5mg	4	NDS NM PA
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D	BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D	BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA
MOLECULAR TARGET AGENTS			BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
			CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM LA PA
DARZALEX SOL FASPRO	4	NDS NM LA PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM LA PA
ENHERTU SOLR 100mg	4	NDS NM LA PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
FYARRO SUSR 100mg	4	NDS NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA
HERCEPTIN SOLR 150mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	JEMPERLI SOLN 500mg/10ml	4	NDS NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA	KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM LA PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM LA PA	KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM LA PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM LA PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
IRESSA TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	MYLOTARG SOLR 4.5mg	4	NDS NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM LA PA	OGIVRI SOLR 150mg, 420mg	4	NDS NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM LA PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM LA PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA	OPDUALAG SOL	4	NDS NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM LA PA	PADCEV SOLR 20mg, 30mg	4	NDS NM LA PA
MARGENZA SOLN 250mg/10ml	4	NDS NM LA PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	PERJETA SOLN 420mg/14ml	4	NDS NM LA PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	PHESGO SOL	4	NDS NM LA PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM LA PA			

Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	4	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM LA PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TIVDAK SOLR 40mg	4	NDS NM LA PA
TORISEL SOLN 25mg/ml <i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS B/D NM LA PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM LA PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM LA
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA	<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
ZYNLONTA SOLR 10mg	4	NDS NM LA PA	<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
ZYNYZ SOLN 500mg/20ml	4	NDS NM LA PA	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
PROTECTIVE AGENTS			<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
KHAPZORY SOLR 175mg	4	NDS B/D NM LA	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1		<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM			
MESNEX TABS 400mg	4	NDS			
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS					
ACCURETIC TAB 10-12.5	3				
ACCURETIC TAB 20-12.5	3				
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL			
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL			
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ALPHA BLOCKERS					
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1		<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1		<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL
			AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL
			AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
			AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
			AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
			AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT)</i> QL (60 tabs / 30 days)	1	QL	EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL	EXFORGE HCT TAB 10-320- 25MG 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 5-160MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 50-12.5	3	
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-12.5	3	
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-25	3	
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	3	QL	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i> QL (60 tabs / 30 days)	1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL	<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	1	
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL	<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	1	
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL	<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)</i>	1	
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL	MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	3	QL
			MICARDIS HCT TAB 80- 25MG QL (30 tabs / 30 days)	3	QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<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> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg, 325mg, 425mg	3	
<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 ST
<i>sotalol hcl</i> TABS 240mg	1		LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
SOTYLIZE SOLN 5mg/ml	3		<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
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)	4	NDS QL ST	<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST	COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL			
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST			
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST			
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST			

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/ Limits	
	Tier	Limits
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM LA PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM LA PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg	1	
<i>amlodipine besylate</i> TABS 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
EDECIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	4	NDS NM LA PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormalvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SOAANZ TABS 20mg, 40mg, 60mg	3		<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1		<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
THALITONE TABS 15mg	3		<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1		ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	PA
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1		BIDIL TAB	3	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1		CADUET TAB 5-10MG	3	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1		CADUET TAB 5-20MG	3	
MISCELLANEOUS			CADUET TAB 5-40MG	3	
ADRENALIN SOLN 1mg/ml	3		CADUET TAB 5-80MG	3	
<i>aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg</i>	1		CADUET TAB 10-10MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1		CADUET TAB 10-20MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1		CADUET TAB 10-40MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1		CADUET TAB 10-80MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1		CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		<i>clonidine TB24 .17mg</i>	1	
			<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
			CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
			CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
			DEMSEER CAPS 250mg	4	NDS NM PA
			DIBENZYLIN CAPS 10mg	4	NDS PA
			<i>digoxin SOLN .05mg/ml</i>	1	
			<i>digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg QL (60 tabs / 30 days)	3	QL
INPEFA TABS 400mg QL (30 tabs / 30 days)	3	QL
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	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	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	4	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LIQREV SUSP 10mg/ml QL (244 mL / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
ORENITRAM TAB MONTH 1	4	NDS NM LA PA
ORENITRAM TAB MONTH 2	4	NDS NM LA PA
ORENITRAM TAB MONTH 3	4	NDS NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
TYVASO SOLN .6mg/ml	4	NDS NM LA PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 32-48MCG QL (224 cartridges / 28 days)	4	NDS QL NM LA PA
UPTRAVI SOLR 1800mcg	4	NDS NM LA PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM LA PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA	<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 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	XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 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>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL	XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	3	QL PA
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL	ANTIDEMENTIA		
ATIVAN SOLN 2mg/ml, 4mg/ml	3		ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL	ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		ARICEPT TABS 10mg, 23mg	3	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1		<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL	<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1		EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
			<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
			<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA	CELEXA TABS 10mg, 20mg, 40mg	3	
NAMENDA XR CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
NAMZARIC CAP 7-10MG	3		<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
NAMZARIC CAP 14-10MG	3		<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
NAMZARIC CAP 21-10MG	3		CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
NAMZARIC CAP 28-10MG	3		<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
NAMZARIC CAP PACK	3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL	DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL PA
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL	<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA
ANTIDEPRESSANTS			<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA	<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA	EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg	1				
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL PA
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg	3	
PROZAC CAPS 40mg	4	NDS
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SPRAVATO SOL 56MG DOS	4	NDS NM LA PA
SPRAVATO SOL 84MG DOS	4	NDS NM LA PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM LA PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM LA PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM LA
<i>entacapone</i> TABS 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA
LODOSYN TABS 25mg	4	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
OSMOLEX ER TB24 129mg QL (30 tabs / 30 days)	3	QL NM LA PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	

Drug Name	Drug Requirements/ Tier	Limits
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK QL (2 packs / year)	3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL	UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL	UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL PA
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL	ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
SEROQUEL TABS 300mg QL (60 tabs / 30 days)	3	QL	ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
SEROQUEL TABS 400mg QL (60 tabs / 30 days)	4	NDS QL	ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA	ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA	ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1		ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM 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> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	4	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Limits	
	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, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		LEVETIRACETA INJ 10MG/ML	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		LEVETIRACETA INJ 15MG/ML	3	
LAMICTAL XR TB24 25mg	3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS	<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
LAMICTAL XR KIT	3		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	3	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL ODT) TB24 25mg, 50mg, 100mg, 200mg	1		LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1		LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1		<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1		MYSOLINE TABS 50mg, 250mg	4	NDS
LEVETIRACETA INJ 5MG/ML	3		NAYZILAM SOLN 5mg/0.1ml	3	
			NEURONTIN CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	4	NDS
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3		<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3		<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
TOPAMAX TABS 25mg	3		VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM LA PA
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS	<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
TOPAMAX SPRINKLE CPSP 15mg	3		VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
TOPAMAX SPRINKLE CPSP 25mg	4	NDS	VIMPAT SOLN 200mg/20ml	3	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS	XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
TRILEPTAL TABS 150mg	3		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
<i>valproic acid</i> CAPS 250mg	1		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL	ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL	<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3		<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA	<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1		<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>zonisamide</i> CAPS 50mg	1		<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM LA PA	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (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 24hr 15 mg</i> (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 24hr 20 mg</i> (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 cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 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			
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA			
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA			
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA			
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 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 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS 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 XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 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 XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<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 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
			<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<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> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 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 RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 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> CP24 60mg QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA	RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
			VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
			VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
			VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM LA PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL
<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	EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM 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	EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA	<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA	FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL
MIGRAINE			<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	IMITREX SOLN 5mg/act QL (24 units / 30 days)	3	QL
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL	IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS	IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
			MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
			MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 5mg QL (12 units / 30 days)	3	QL
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM LA PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM LA PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM LA PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENSPRYNG SOSY 120mg/ml	4	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	4	NDS NM LA PA
FIRDAPSE TABS 10mg	4	NDS NM LA PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
UPLIZNA SOLN 100mg/10ml	4	NDS NM LA PA	GILENYA CAPS .25mg, .5mg	4	NDS QL NM PA
WAINUA SOAJ 45mg/0.8ml	4	NDS QL NM LA PA	QL (30 caps / 30 days)		
XENAZINE TABS 12.5mg	4	NDS QL NM LA PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml	4	NDS QL NM PA
QL (90 tabs / 30 days)			QL (30 syringes / 30 days)		
XENAZINE TABS 25mg	4	NDS QL NM LA PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml	4	NDS QL NM PA
QL (120 tabs / 30 days)			QL (12 syringes / 28 days)		
MULTIPLE SCLEROSIS AGENTS					
AMPYRA TB12 10mg	4	NDS QL NM LA PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml	4	NDS QL NM PA
QL (60 tabs / 30 days)			QL (30 syringes / 30 days)		
AUBAGIO TABS 7mg, 14mg	4	NDS QL NM LA PA	<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml	4	NDS QL NM PA
QL (30 tabs / 30 days)			QL (12 syringes / 28 days)		
AVONEX PSKT 30mcg/0.5ml	4	NDS QL NM PA	MAVENCLAD (4 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (4 syringes / 28 days)			QL (16 tabs per lifetime)		
AVONEX PEN AJKT 30mcg/0.5ml	4	NDS QL NM PA	MAVENCLAD (5 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (4 injections / 28 days)			QL (20 tabs per lifetime)		
BAFIERTAM CPDR 95mg	4	NDS QL NM LA PA	MAVENCLAD (6 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (120 caps / 30 days)			QL (24 tabs per lifetime)		
BETASERON KIT .3mg	4	NDS QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (14 syringes / 28 days)			QL (28 tabs per lifetime)		
COPAXONE SOSY 20mg/ml	4	NDS QL NM PA	MAVENCLAD (8 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (30 syringes / 30 days)			QL (32 tabs per lifetime)		
COPAXONE SOSY 40mg/ml	4	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (12 syringes / 28 days)			QL (36 tabs per lifetime)		
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg	4	NDS QL NM LA PA
QL (60 tabs / 30 days)			QL (40 tabs per lifetime)		
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg	4	NDS QL NM PA	MAYZENT TABS 1mg, 2mg	4	NDS QL NM LA PA
QL (14 caps / 7 days)			QL (30 tabs / 30 days)		
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg	4	NDS QL NM PA	MAYZENT TABS .25mg	4	NDS QL NM LA PA
QL (60 caps / 30 days)			QL (112 tabs / 28 days)		
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	4	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg	3	QL NM LA PA
QL (2 packs / year)			QL (2 packs / year)		
<i>ingolimod hcl</i> (generic of GILENYA) CAPS .5mg	4	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg	4	NDS QL NM LA PA
QL (30 caps / 30 days)			QL (2 packs / year)		

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
OCREVUS SOLN 300mg/10ml	4	NDS NM LA PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM LA PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM LA PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM LA PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
LYVISPAH PACK 5mg, 10mg	3	PA
LYVISPAH PACK 20mg	4	NDS PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM LA PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM LA PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM LA
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM LA
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
VIVITROL SUSR 380mg	4	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
ANDROGEL PUMP GEL 1.62% QL (150 gm / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
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		
<i>acarbose</i> TABS 25mg, 50mg, 1 100mg	1	
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL	<i>glipizide-metformin hcl tab 5- 500 mg</i> QL (120 tabs / 30 days)	1	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA	GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA	GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> TB24 2.5mg QL (90 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 5mg QL (90 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-1000 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 XR 2.5- 1000MG 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 XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>liraglutide</i> SOPN 18mg/3ml QL (3 pens / 30 days)	1	QL PA
			<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL
			<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	LANTUS SOLOSTAR SOPN 100unit/ml	2	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	NOVOLIN INJ 70/30 (brand RELION not covered)	2	
TZIELD SOLN 2mg/2ml	4	NDS NM LA PA	NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
ANTIDIABETICS, INSULINS			OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
ADMELOG SOLN 100unit/ml	2		OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
ADMELOG SOLOSTAR SOPN 100unit/ml	2		OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
BASAGLAR KWIKPEN SOPN 100unit/ml	2		OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA
BD ALCOHOL SWABS	2		OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
FIASP SOLN 100unit/ml	2		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
FIASP FLEXTOUCH SOPN 100unit/ml	2		OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
FIASP PENFILL SOCT 100unit/ml	2				
FIASP PUMPCART SOCT 100unit/ml	2	B/D			
GAUZE PADS 2X2	2				
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D			
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS			
INSULIN PEN NEEDLES: BD/NOVO	2				
INSULIN SAFETY NEEDLES	2				
INSULIN SYRINGES: BD	2				
LANTUS SOLN 100unit/ml	2				

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM LA PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	4	NDS NM 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	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM LA PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	<i>jolessa</i>	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<i>juleber</i>	1
<i>dolishale</i>	1	<i>junel 1.5/30</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1	<i>junel 1/20</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1	<i>junel fe 1.5/30</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1	<i>junel fe 1/20</i>	1
<i>elinest</i>	1	<i>junel fe 24</i>	1
<i>eluryng (generic of NUVARING)</i>	1	<i>kaitlib fe</i>	1
<i>emzahh TABS .35mg</i>	1	<i>kariva</i>	1
<i>enilloring (generic of NUVARING)</i>	1	<i>kelnor 1/35</i>	1
<i>enpresse-28</i>	1	<i>kelnor 1/50</i>	1
<i>enskyce</i>	1	<i>kurvelo</i>	1
<i>errin TABS .35mg</i>	1	<i>larin 1.5/30</i>	1
<i>estarylla</i>	1	<i>larin 1/20</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	<i>larin 24 fe</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	<i>larin fe 1.5/30</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1	<i>larin fe 1/20</i>	1
<i>falmina</i>	1	<i>layolis fe</i>	1
<i>finzala</i>	1	<i>leena</i>	1
<i>gemmily (generic of TAYTULLA)</i>	1	<i>lessina</i>	1
<i>hailey 1.5/30</i>	1	<i>levonest</i>	1
<i>hailey 24 fe</i>	1	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
<i>haloette (generic of NUVARING)</i>	1	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>heather TABS .35mg</i>	1	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>iclevia</i>	1	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>incassia TABS .35mg</i>	1	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>introvale</i>	1	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>isibloom</i>	1	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>jasmiel (generic of YAZ)</i>	1	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
		<i>levora 0.15/30-28</i>	1
		LO LOESTRIN TAB 1-10-10	3

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>loestrin 1.5/30-21</i>	1		<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>loestrin 1/20-21</i>	1		<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>loestrin fe 1.5/30</i>	1		<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>loestrin fe 1/20</i>	1		<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>loryna (generic of YAZ)</i>	1		<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1	
<i>low-ogestrel</i>	1		<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>luteru</i>	1		<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	1	
<i>lyleq TABS .35mg</i>	1		<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>lyza TABS .35mg</i>	1		<i>norlyroc TABS .35mg</i>	1	
<i>marlissa</i>	1		<i>nortrel 0.5/35 (28)</i>	1	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1		<i>nortrel 1/35 (21)</i>	1	
<i>merzee (generic of TAYTULLA)</i>	1		<i>nortrel 1/35 (28)</i>	1	
<i>mibelas 24 fe</i>	1		<i>nortrel 7/7/7</i>	1	
<i>microgestin 1.5/30</i>	1		<i>nylia 1/35</i>	1	
<i>microgestin 1/20</i>	1		<i>nylia 7/7/7</i>	1	
<i>microgestin 24 fe</i>	1		<i>nymyo</i>	1	
<i>microgestin fe 1.5/30</i>	1		<i>ocella (generic of YASMIN 28)</i>	1	
<i>microgestin fe 1/20</i>	1		<i>PHEXXI GEL</i>	3	
<i>mili</i>	1		<i>philith</i>	1	
<i>mono-linyah</i>	1		<i>pimtrea</i>	1	
<i>NATAZIA TAB</i>	3		<i>portia-28</i>	1	
<i>necon 0.5/35-28</i>	1		<i>QUARTETTE TAB</i>	3	
<i>NEXTSTELLIS TAB 3-14.2MG</i>	3	PA	<i>reclipsen</i>	1	
<i>nikki (generic of YAZ)</i>	1		<i>rivelsa</i>	1	
<i>nora-be TABS .35mg</i>	1		<i>SAFYRAL TAB</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1		<i>setlakin</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1		<i>sharobel TABS .35mg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1		<i>simliya</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1		<i>simpesse</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1		<i>SLYND TABS 4mg</i>	3	
			<i>sprintec 28</i>	1	
			<i>sronyx</i>	1	

Drug Name	Drug Requirements/ Tier Limits
syeda (generic of YASMIN 28)	1
tarina 24 fe	1
tarina fe 1/20 eq	1
taysofy (generic of TAYTULLA)	1
TAYTULLA CAP 1MG/20MC	3
tilia fe	1
tri-estarylla	1
tri-legest fe	1
tri-linyah	1
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	1
tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)	1
tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)	1
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	1
tri-mili	1
tri-nymyo	1
tri-sprintec	1
tri-vylibra	1
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	1
trivora-28	1
turqoz	1
TYBLUME CHW 0.1-0.02	3
tydemy (generic of SAFYRAL)	1
velivet	1
vestura (generic of YAZ)	1
vienva	1
viorele	1
vyfemla	1
vylibra	1
wera	1
wymzya fe	1
xulane	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
zafemy	1
zovia 1/35	1
zumandimine (generic of YASMIN 28)	1

Drug Name	Drug Requirements/ Tier Limits
ENDOMETRIOSIS	
danazol CAPS 50mg, 100mg, 200mg	1
ORLISSA TABS 150mg, 200mg	4 NDS PA
SYNAREL SOLN 2mg/ml	4 NDS PA
ESTROGENS	
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
dotti (generic of VIVELLE-DOT) 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
estradiol (generic of ESTROGEL) GEL .06%	1
estradiol (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem (generic of VAGIFEM) TABS 10mcg</i>	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)</i>	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	

Drug Name	Drug Requirements/ Tier	Limits
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetanide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM LA
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM LA PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM LA PA
CEREZYME SOLR 400unit	4	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D QL NM
QL (60 tabs / 30 days)		
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	4	NDS B/D QL NM
QL (120 tabs / 30 days)		

Drug Name	Tier	Drug Requirements/ Limits
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM LA PA
CYSTADANE POW	4	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM LA PA
EGRIFTA SV SOLR 2mg	4	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM LA PA
ELELYSO SOLR 200unit	4	NDS NM LA PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM LA PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
FENSOLVI KIT 45mg	4	NDS NM LA PA
GALAFOLD CAPS 123mg	4	NDS NM LA PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
ISTURISA TABS 1mg, 5mg	4	NDS NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM LA PA
JYNARQUE PAK 30-15MG	4	NDS NM LA PA
JYNARQUE PAK 45-15MG	4	NDS NM LA PA
JYNARQUE PAK 60-30MG	4	NDS NM LA PA
JYNARQUE PAK 90-30MG	4	NDS NM LA PA
KANUMA SOLN 20mg/10ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
LAMZEDE SOLR 10mg	4	NDS NM LA PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	4	NDS NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM LA PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM LA PA
MYFEMBREE TAB	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
NEXVIAZYME SOLR 100mg	4	NDS NM LA PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM LA PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 20mg, 30mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM LA PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM LA PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM LA PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM LA PA
ORIAHNN CAP	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM LA PA
PHEBURANE PLLT 483mg/gm	4	NDS NM LA PA
POMBILITI SOLR 105mg	4	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM LA PA
RECORLEV TABS 150mg	4	NDS NM LA PA
REVCОВI SOLN 2.4mg/1.5ml	4	NDS NM LA PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
SAMSCA TABS 15mg, 30mg	4	NDS NM LA PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	3	B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	4	NDS B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM LA PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM LA PA
TEPEZZA SOLR 500mg	4	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM LA PA
VIJOICE TBP 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM LA PA
VPRIV SOLR 400unit	4	NDS NM LA PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM LA PA
XPHOZAH TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 1000mg QL (90 tabs / 30 days)	1	QL
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 750mg QL (180 tabs / 30 days)	1	QL
REVELA PACK 2.4gm QL (180 packets / 30 days)	4	NDS QL
REVELA PACK .8gm QL (540 packets / 30 days)	4	NDS QL
REVELA TABS 800mg QL (540 tabs / 30 days)	4	NDS QL
<i>sevelamer carbonate</i> (generic of REVELA) PACK 2.4gm QL (180 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of REVELA) PACK .8gm QL (540 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of REVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> TABS 400mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	4	NDS QL
PROGESTINS		
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	1	ST
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
GASTROINTESTINAL ANTIEMETICS			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
AKYNZEO CAP 300-0.5	3	B/D	<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	1	B/D
AKYNZEO INJ 235-0.25	3	NM LA	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
AKYNZEO INJ 235-0.25MG/20ML	3	NM LA	<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
APONVIE EMUL 32mg/4.4ml	3		<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	PALONOSETRON	3	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	HYDROCHLORID SOLN .25mg/2ml		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA
BONJESTA TAB 20-20MG	3		PA if 70 years and older		
CINVANTI EMUL 130mg/18ml	3		<i>prochlorperazine</i> SUPP 25mg	1	
<i>compro</i> SUPP 25mg	1		<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
DICLEGIS TAB 10-10MG	3		<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3		<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL	PA if 70 years and older		
EMEND CAPS 80mg	3	B/D	<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	PA
EMEND SOLR 150mg	3		PA if 70 years and older		
EMEND SUSR 125mg/5ml	4	NDS B/D	<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	PA
EMEND TRIPAC PAK 80 & 125	3	B/D	PA if 70 years and older		
FOCINVEZ SOLN 150mg/50ml	3		<i>promethagan</i> SUPP 12.5mg, 25mg, 50mg	3	PA
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1		PA if 70 years and older		
GIMOTI SOLN 15mg/act	4	NDS PA	REGLAN TABS 5mg, 10mg	3	
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1		SANCUSO PTCH 3.1mg/24hr	4	NDS QL
<i>granisetron hcl</i> TABS 1mg	1	B/D	QL (4 patches / 28 days)		
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL			
MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	4	NDS B/D QL			

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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)	4	NDS B/D QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPk 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA if 70 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg QL (120 tabs / 30 days)	3	QL
PEPCID TABS 40mg QL (60 tabs / 30 days)	3	QL
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> (generic of BUDESONIDE) CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg	4	NDS
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
mesalamine (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
mesalamine (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
mesalamine ENEM 4gm	1	
mesalamine (generic of CANASA) SUPP 1000mg	1	
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
mesalamine TBEC 800mg QL (180 tabs / 30 days)	1	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm	4	NDS
SFROWASA ENEM 4gm/60ml	4	NDS
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/ flavor pack	1	
generlac SOLN 10gm/15ml	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc (generic of MOVIPREP)	1	
PLENVU SOL	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
alose tron hcl (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM LA PA
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM LA PA
HELIDAC MIS THERAPY	4	NDS
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	4	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)	4	NDS QL PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
REBYOTA SUSP 150ml	4	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
SUCRAID SOLN 8500unit/ml	4	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VOQUEZNA PAK DUAL PAK QL (2 packs / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 packs / year)	3	QL
VOWST CAP	4	NDS NM LA PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	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	
VIKACE TAB 10440	3	
VIKACE TAB 20880	4	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<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	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
<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	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	3	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
FLOMAX CAPS .4mg QL (60 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM LA PA
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq</i>	1	
<i>potassium citrate (alkalinizer) TBCR 540mg</i>	1	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg</i>	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM LA PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
THIOLA TABS 100mg	4	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	4	NDS NM LA
<i>tiopronin (generic of THIOLA) TABS 100mg</i>	4	NDS NM
<i>tiopronin (generic of THIOLA EC) TBEC 100mg, 300mg</i>	4	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 TB24 7.5mg, 15mg QL (30 tabs / 30 days)</i>	1	QL ST
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
DETROL LA CP24 2mg, 4mg QL (30 caps / 30 days)	3	QL ST
<i>fesoterodine fumarate (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)</i>	1	QL
GELNIQUE GEL 10% QL (30 gm / 30 days)	3	QL ST
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)</i>	1	QL
<i>oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)</i>	1	QL
<i>oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)</i>	1	QL
<i>oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)</i>	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)</i>	1	QL
<i>tolterodine tartrate (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)</i>	1	QL ST
<i>tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)</i>	1	QL
<i>trospium chloride CP24 60mg QL (30 caps / 30 days)</i>	1	QL
<i>trospium chloride TABS 20mg QL (60 tabs / 30 days)</i>	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%</i>	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBP 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 1000unit/4ml; SOSY 2500unit/0.2ml	3	

Drug Name	Drug Requirements/ Tier	Limits
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml	3	
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
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	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM LA PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM LA PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM LA PA
CABLIVI KIT 11mg	4	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	4	NDS NM LA PA
ENDARI PACK 5gm	4	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM LA PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
GIVLAARI SOLN 189mg/ml	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM LA PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM LA PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM LA PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM LA PA
RYTELO SOLR 47mg, 188mg	4	NDS NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM LA PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM LA PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TAVNEOS CAPS 10mg	4	NDS NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM LA PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM LA PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM LA PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM LA PA	HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NDS NM PA	IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ENTYVIO SOLR 300mg	4	NDS NM LA PA	OTEZLA TAB 10/20 QL (110 tabs / year)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA	RENFLEXIS SOLR 100mg	4	NDS NM LA PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
			SKYRIZI SOLN 600mg/10ml QL (12 vials / 365 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml QL (30 mL / 14 days)	4	NDS QL NM LA PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM LA PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA
STELARA SOLN 130mg/26ml	4	NDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM LA PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D

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

Drug Name	Drug Requirements/ Tier	Limits
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
HYQVIA INJ 2.5-200	4	NDS NM LA PA
HYQVIA INJ 5-400	4	NDS NM LA PA
HYQVIA INJ 10-800	4	NDS NM LA PA
HYQVIA INJ 20-1600	4	NDS NM LA PA
HYQVIA INJ 30-2400	4	NDS NM LA PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM LA PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM LA PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM LA PA
PALFORZIA CAP ESCALAT	4	NDS NM LA PA
PALFORZIA CAP LEVEL 3	4	NDS NM LA PA
PALFORZIA CAP LEVEL 7	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PALFORZIA CAP LEVEL 8	4	NDS NM LA PA
PALFORZIA CAP LEVEL 10	4	NDS NM LA PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM LA PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM LA PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM LA PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM LA PA
VYVGART SOLN 400mg/20ml	4	NDS NM LA PA
VYVGART INJ HYTRULO	4	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM

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

Drug Name	Drug Requirements/ Tier	Limits
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM LA PA
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYVVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOLE INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	

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

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

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/ Limits	
	Tier	Limits
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	

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

Drug Name	Drug Requirements/ Tier Limits
ALREX SUSP .2%	2
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1
<i>bromfenac sodium (ophth)</i> SOLN .09%	1
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1
BROMSITE SOLN .075%	3
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1
<i>diclofenac sodium (ophth)</i> SOLN .1%	1
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1
DUREZOL EMUL .05%	3
EYSUVIS SUSP .25%	3
FLAREX SUSP .1%	3
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1
<i>flurbiprofen sodium</i> SOLN .03%	1
FML FORTE SUSP .25%	3
ILEVRO SUSP .3%	3
INVELTYS SUSP 1%	3
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1
LOTEMAX GEL .5%; SUSP .5%	3
LOTEMAX OINT .5%	2
LOTEMAX SM GEL .38%	2
<i>loteprednol etabonate</i> (generic of LOTE MAX) GEL .5%; SUSP .5%	1
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1
MAXIDEX SUSP .1%	3
NEVANAC SUSP .1%	3
PRED MILD SUSP .12%	3

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM LA PA
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA
CIMERLI SOLN .5mg/0.05ml	4	NDS NM LA PA
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM LA PA
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM LA PA
IZERVAY SOLN 2mg/0.1ml	4	NDS NM LA PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM LA PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	4	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> (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg</i> QL (30 caps / 30 days)	1	QL
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i> QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120 <i>promethazine vc</i> PA if 70 years and older	3 2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTIHISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg</i> PA if 70 years and older	2	PA
<i>cetirizine hcl SOLN 5mg/5ml</i> QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate TABS 2.68mg</i> PA if 70 years and older	2	PA
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> PA if 70 years and older	2	PA
<i>desloratadine (generic of CLARINEX) TABS 5mg</i> QL (30 tabs / 30 days)	1	QL
<i>desloratadine TBDP 2.5mg, 5mg</i> QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> PA if 70 years and older	3	PA
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg PA if 70 years and older	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	4	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
STEROID INHALANTS			<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL	<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL	TOPICAL DERMATOLOGY, ACNE		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL	ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D	ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D	ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS			<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL	ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL	<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL	ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL			
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL			
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL			
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL			
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (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
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> FOAM 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN GEL .3% QL (45 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ERYGEL GEL 2% QL (60 gm / 30 days)	3	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel 1.2-5%</i> QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	4	NDS QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafenide acetate</i> PACK 5% QL (5 packets / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
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</i> CAPS 10mg, 17.5mg, 25mg	1	PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL	<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL	DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL	DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL	<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL	<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL	<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL	DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL	DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL	ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL	EPIFOAM AER 1% 3		
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> SOLN .01% QL (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
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1% QL (80 gm / 30 days)	4	NDS QL
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
LIDODERM PTCH 5% QL (3 patches / 1 day)	3	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>doxycycline (rosacea)</i> (generic of ORACEA) 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
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM LA PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i> penciclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA	<i>kourzeq</i> PSTE .1%	1	
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL	<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA	<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL	<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
YCANTH SOLN .7%	3	NM LA PA	<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA	SALAGEN TABS 5mg, 7.5mg	3	
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA	<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	
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> (generic of ELIMITE) 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)	4	NDS QL PA			
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL			
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1				
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	1				
MOUTH/THROAT/DENTAL AGENTS					
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1				
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1				
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL			
EVOXAC CAPS 30mg	3				

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25MCG.....97	<i>buprenorphine hcl-</i>	<i>tab 5-20 mg</i>34
BREZTRI AERO AER	<i>naloxone hcl sl film 8-2</i>	<i>see amlodipine besylate-</i>
SPHERE.....94	<i>mg (base equiv)</i>60	<i>atorvastatin calcium</i>
BREZTRI AERO AER	<i>buprenorphine hcl-</i>	<i>tab 5-40 mg</i>34
SPHERE	<i>naloxone hcl sl tab 2-0.5</i>	<i>see amlodipine besylate-</i>
(INSTITUTIONAL PACK)	<i>mg (base equiv)</i>60	<i>atorvastatin calcium</i>
.....94		<i>tab 5-80 mg</i>34
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<i>inj susp 6 (3-3) mg/ml</i>	<i>in d5w</i>	13	<i>hydrochloride</i>	5
.....	<i>ciprofloxacin 400 mg/200ml</i>		<i>clindamycin phosphate</i>	5
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<i>fosinopril sodium</i>	GAVRETO	<i>glipizide</i>
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<i>fosinopril sodium &</i>	<i>gefitinib</i>	2.5-250 mg
<i>hydrochlorothiazide tab</i>	GELNIQUE	<i>glipizide-metformin hcl tab</i>
10-12.5 mg	<i>gemcitabine hcl</i>	2.5-500 mg
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<i>na for inj 3.375 gm (3-</i>	<i>0.1%</i>	<i>(ophth)</i>
<i>0.375 gm)</i>	POMALYST	PRED MILD
14	POMBILITI	<i>prednisolone</i>
<i>piperacillin sod-tazobactam</i>	PONVORY	<i>prednisolone acetate</i>
<i>sod for inj 13.5 gm (12-</i>	PONVORY TAB STARTER	<i>(ophth)</i>92
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14	<i>portia-28</i>68	PHOSP
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<i>0.25 gm)</i>	<i>potassium chloride</i>90	<i>prednisone</i>
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<i>piperacillin sod-tazobactam</i>9071
<i>sod for inj 4.5 gm (4-0.5</i>	<i>see potassium chloride</i> 90	<i>pregabalin</i>
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22	<i>dextrose 5% inj</i>90	PREMPRO TAB 0.625-5.70
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96	<i>microencapsulated</i>90
<i>piroxicam</i>2	<i>crystals er</i>90	PRENATAL TAB PLUS...90
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<i>sulfate</i>	NACL 0.45% INJ	80
86	90	<i>prevalite</i>
PLASMA-LYTE A	<i>potassium chloride</i>	PREVYMIS
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<i>ph 7.4</i>90	<i>crystals er</i>9010
90	<i>potassium citrate</i>	PREZISTA
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VIKACE TAB 20880	79	<i>simvastatin tab 10-20</i>		XCOPRI	49
<i>viorele</i>	69	<i>mg</i>	31	XCOPRI PAK 100-150	49
VIRACEPT	10	see <i>ezetimibe-</i>		XCOPRI PAK 12.5-25	49
VIREAD	10	<i>simvastatin tab 10-40</i>		XCOPRI PAK 150-200MG	
see <i>tenofovir disoproxil</i>		<i>mg</i>	31	(MAINTENANCE)	50
<i>fumarate</i>	9	see <i>ezetimibe-</i>		XCOPRI PAK 150-200MG	
VISTARIL	95	<i>simvastatin tab 10-80</i>		(TITRATION)	50
VITRAKVI	23	<i>mg</i>	31	XCOPRI PAK 50-100MG	49
VIVELLE-DOT	70	VYTORIN TAB 10-10MG	31	XDEMVI	91
see <i>dotti</i>	69	VYTORIN TAB 10-20MG	31	XELJANZ	86
see <i>estradiol</i>	69	VYTORIN TAB 10-40MG	31	XELJANZ XR	86
VIVITROL	61	VYTORIN TAB 10-80MG	31	XELSTRYM	54
VIVJOA	8	VYVANSE	53, 54	XEMBIFY	87
VIZIMPRO	23	VYVGART	87	XENAZINE	58
VOGELXO	61	VYVGART INJ HYTRULO		see <i>tetrabenazine</i>	57
VOGELXO PUMP	61		87	XENLETA	7
VONJO	23	VYZULTA	93	XENPOZYME	74
VOQUEZNA	80	W		XEOMIN	60
VOQUEZNA PAK DUAL		WAINUA	58	XERAVA	14
PAK	79	WAKIX	60	XERESE CRE 5-1%	104
VOQUEZNA PAK TRIP PK		<i>warfarin sodium</i>	82	XERMELO	79
	79	<i>water for irrigation, sterile</i>		XGEVA	65
VORANIGO	23	<i>irrigation soln</i>	104	XHANCE	97
<i>voriconazole</i>	8	WELCHOL	31	XIFAXAN	7, 79
VORICONAZOLE	8	see <i>colesevelam hcl</i>	30	XIGDUO XR TAB 10-1000	
VOSEVI TAB	11	WELIREG	17		64
VOTRIENT	23	WELLBUTRIN SR		XIGDUO XR TAB 10-	
see <i>pazopanib hcl</i>	21	see <i>bupropion hcl</i>	38	500MG	64
VOWST CAP	79	WELLBUTRIN XL		XIGDUO XR TAB 2.5-1000	
VOXZOGO	74	see <i>bupropion hcl</i>	38		64
VOYDEYA	84	<i>wera</i>	69	XIGDUO XR TAB 5-	
VOYDEYA TAB 50-100MG		WINLEVI	99	1000MG	64
	84	<i>wixela inhub</i>	97	XIGDUO XR TAB 5-500MG	
VPRIV	74	<i>wymzya fe</i>	69		64
VRAYLAR	44	X		XIIDRA	93
VRAYLAR CAP 1.5-3MG	44	XACIATO	82	XIPERE	92
VTAMA	100	XADAGO	41	XODOL	
VUMERITY	59	XALATAN	93	see <i>hydrocodone-</i>	
VUSION OIN	100	see <i>latanoprost</i>	93	<i>acetaminophen tab 5-</i>	
<i>vyfemla</i>	69	XALKORI	23	<i>300 mg</i>	3
<i>vylibra</i>	69	XANAX	37	XOFLUZA	12
VYNDAMAX	35	see <i>alprazolam</i>	37	XOLAIR	96
VYNDAQEL	35	XANAX XR	37	XOLREMDI	83
VYTORIN		see <i>alprazolam</i>	37	XOPENEX HFA	95
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<i>simvastatin tab 10-10</i>		XARELTO STAR TAB		XPHOZAH	74
<i>mg</i>	31	15/20MG	83		

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XPOVIO 40 MG ONCE WEEKLY	23	YONSA	17	ZESTORETIC	
XPOVIO 40 MG TWICE WEEKLY	23	YUTIQ	92	see <i>lisinopril &</i>	
XPOVIO 60 MG ONCE WEEKLY	23	<i>yuvaferm</i>	70	<i>hydrochlorothiazide tab</i>	
XPOVIO 60 MG TWICE WEEKLY	23	Z		10-12.5 mg.....	25
XPOVIO 80 MG ONCE WEEKLY	23	<i>zafemy</i>	69	see <i>lisinopril &</i>	
XPOVIO 80 MG TWICE WEEKLY	23	<i>zafirlukast</i>	95	<i>hydrochlorothiazide tab</i>	
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XULTOPHY INJ 100/3.6	.65	ZANAFLEX	60	<i>hydrochlorothiazide tab</i>	
XYLOCAINE	5	see <i>tizanidine hcl</i>	60	20-25 mg.....	25
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<i>anesth.)</i>	5	see <i>ethosuximide</i>	46	25
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XYWAV SOL 0.5GM/ML	.60	ZELAPAR.....	41	see <i>lisinopril</i>	25
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