

SilverScript Employer PDP sponsored by Cleveland Clinic Retiree Plan (SilverScript)

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 03/25/2024. For more recent information or other questions, please contact Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of March 25, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the SilverScript Formulary?

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

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

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of March 25, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the SilverScript Formulary?

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

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

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

Cost-Sharing Tier 4: Specialty (High Cost)

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

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	20% of total cost Minimum \$5.00 Maximum \$75.00	20% of total cost Minimum \$5.00 Maximum \$75.00	20% of total cost Minimum \$5.00 Maximum \$75.00
Tier 2: Preferred Brand	30% of total cost Minimum \$5.00 Maximum \$75.00	30% of total cost Minimum \$5.00 Maximum \$75.00	30% of total cost Minimum \$5.00 Maximum \$75.00
Tier 3: Non-Preferred Brand	50% of total cost	50% of total cost	50% of total cost
Tier 4: Specialty (High Cost)	20% of total cost Maximum \$100.00	20% of total cost Maximum \$100.00	20% of total cost Maximum \$100.00

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

Costs shown in the table above reflect the additional coverage that may be provided by Cleveland Clinic Retiree Plan. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Cleveland Clinic Retiree Plan would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>naproxen sodium</i> TABS 275mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
NSAIDS			OPIOID ANALGESICS, LONG-ACTING		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL	<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	<i>sulindac</i> TABS 150mg, 200mg	1	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL	<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>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>diflunisal</i> TABS 500mg	1		<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL	HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	1		<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<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>meloxicam</i> TABS 7.5mg, 15mg	1				
<i>nabumetone</i> TABS 500mg, 750mg	1				
<i>naproxen</i> TABS 250mg, 375mg	1				

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
OPIOID ANALGESICS, SHORT-ACTING			<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>morphine sulfate SOLN 20mg/ml</i> QL (180 mL / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>fentanyl citrate LPOP 200mcg</i> QL (120 lozenges / 30 days)	1	QL PA	<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> QL (120 lozenges / 30 days)	4	NDS QL PA	<i>oxycodone hcl CAPS 5mg</i> QL (180 caps / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
			<i>oxycodone hcl TABS 5mg, 10mg, 20mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL	CLINDMYC/NAC INJ 300/50ML	3	
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL	CLINDMYC/NAC INJ 600/50ML	3	
ANESTHETICS			CLINDMYC/NAC INJ 900/50ML	3	
LOCAL ANESTHETICS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	1	B/D	<i>dapsone</i> TABS 25mg, 100mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	DAP TOMYCIN SOLR 350mg	4	NDS
ANTI-INFECTIVES			<i>daptomycin</i> (generic of DAP TOMYCIN) SOLR 350mg	4	NDS
ANTI-INFECTIVES - MISCELLANEOUS			<i>daptomycin</i> SOLR 500mg	4	NDS
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA	EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>ertapenem sodium</i> SOLR 1gm	1	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
CAYSTON SOLR 75mg	4	NDS NM LA PA	<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	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</i> SOLN 10mg/ml, 40mg/ml	1	
			<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
<i>ivermectin (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL 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	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	4	NDS QL
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
<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>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	1	
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
<i>streptomycin sulfate SOLR 1gm</i>	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfadiazine TABS 500mg</i>	4	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	4	NDS NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)</i>	1	QL
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	1	QL
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	1	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	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
<i>caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg</i>	1	
<i>fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg</i>	1	
<i>fluconazole TABS 50mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<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 (generic of ANCOBON) CAPS 250mg, 500mg</i>	4	NDS PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1	
<i>itraconazole (generic of SPORANOX) CAPS 100mg</i>	1	PA
<i>ketoconazole TABS 200mg</i>	1	PA
<i>miconazole sodium (generic of MYCAMINE) SOLR 50mg, 100mg</i>	4	NDS
<i>nystatin TABS 500000unit</i>	1	
<i>posaconazole (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)</i>	4	NDS QL PA
<i>posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)</i>	4	NDS QL PA
<i>terbinafine hcl TABS 250mg QL (90 tabs / year)</i>	1	QL
<i>voriconazole (generic of VFEND IV) SOLR 200mg</i>	1	PA
<i>voriconazole (generic of VFEND) SUSR 40mg/ml</i>	4	NDS PA
<i>voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)</i>	1	QL PA
<i>voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)</i>	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	1	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	1	
<i>COARTEM TAB 20-120MG</i>	3	
<i>mefloquine hcl TABS 250mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg</i>	1	
<i>quinine sulfate (generic of QUALAQUIN) CAPS 324mg</i>	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml</i>	1	NM
<i>abacavir sulfate TABS 300mg</i>	1	NM
<i>APTIVUS CAPS 250mg</i>	4	NDS NM
<i>atazanavir sulfate CAPS 150mg</i>	1	NM
<i>atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg</i>	1	NM
<i>darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)</i>	4	NDS QL NM
<i>darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)</i>	4	NDS QL NM
<i>EDURANT TABS 25mg</i>	4	NDS NM
<i>efavirenz CAPS 50mg, 200mg</i>	1	NM
<i>efavirenz (generic of SUSTIVA) TABS 600mg</i>	1	NM
<i>emtricitabine (generic of EMTRIVA) CAPS 200mg</i>	1	NM
<i>EMTRIVA SOLN 10mg/ml</i>	3	NM
<i>etravirine (generic of INTELENCE) TABS 100mg, 200mg</i>	4	NDS NM
<i>fosamprenavir calcium (generic of LEXIVA) TABS 700mg</i>	4	NDS NM
<i>FUZEON SOLR 90mg</i>	4	NDS NM LA
<i>INTELENCE TABS 25mg</i>	3	NM
<i>ISENTRESS CHEW 25mg</i>	3	NM
<i>ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg</i>	4	NDS NM
<i>ISENTRESS HD TABS 600mg</i>	4	NDS NM
<i>lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg</i>	1	NM
<i>LEXIVA SUSP 50mg/ml</i>	3	NM

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Drug Name	Drug Requirements/ Tier	Limits
<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	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
REYATAZ 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	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
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	4	NDS NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	1	QL NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRIZIVIR TAB	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO 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	4	NDS NM
<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>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

Drug Name	Drug Requirements/ Tier	Limits
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
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
<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 TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFAZOLIN SOLR 2gm, 3gm	3		<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
CEFAZOLIN INJ 1GM/50ML	3		DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
<i>cefazolin sodium</i> SOLR 1gm, 1 2gm, 10gm, 500mg	1		e.e.s. 400 TABS 400mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
<i>cefdinir</i> CAPS 300mg; SUSR 1 125mg/5ml, 250mg/5ml	1		ERYTHROCIN	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1		LACTOBIONATE SOLR 500mg		
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1		<i>erythrocin stearate</i> TABS 250mg	1	
<i>cefoxitin sodium</i> SOLR 1gm, 1 2gm, 10gm	1		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>cefpodoxime proxetil</i> SUSR 1 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm	1		FLUOROQUINOLONES		
<i>ceftriaxone sodium</i> SOLR 1 1gm, 2gm, 10gm, 250mg, 500mg	1		CIPRO SUSR 500mg/5ml	3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1		<i>ciprofloxacin 200 mg/100ml in</i> <i>d5w</i>	1	
<i>cefuroxime sodium</i> SOLR 1 1.5gm, 750mg	1		<i>ciprofloxacin 400 mg/200ml in</i> <i>d5w</i>	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		<i>ciprofloxacin hcl</i> TABS 750mg	1	
TEFLARO SOLR 400mg, 600mg	4	NDS	<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
ERYTHROMYCINS/MACROLIDES			<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	1	
<i>azithromycin</i> PACK 1gm; TABS 600mg	1		<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	1	
			<i>moxifloxacin hcl</i> TABS 400mg	1	
			<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium chloride</i> <i>0.8% inj</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS					
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1		<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1		<i>nafcillin sodium</i> SOLR 10gm	4	NDS
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	1		<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin</i> CAPS 500mg	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		TETRACYCLINES		
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1		<i>doxy 100</i> SOLR 100mg	1	
			<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1	
			<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
			<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	4	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	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
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
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
ELLENCES SOLN 50mg/25ml, 200mg/100ml	3	B/D
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<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
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
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM LA PA
<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
PURIXAN SUSP 2000mg/100ml	4	NDS NM LA
TABLOID TABS 40mg	3	
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

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Drug Name	Drug Requirements/ Tier	Limits
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	NM PA
EMCYT CAPS 140mg	4	NDS
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	
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	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	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	
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 80mg 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, 100mg QL (28 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		
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
<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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS NM LA NDS	BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg <i>bortezomib (generic of VELCADE) SOLR 3.5mg</i>	4	NDS NM PA NDS NM PA
MITOTIC INHIBITORS			BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA
<i>docetaxel (generic of DOCETAXEL) CONC</i> 20mg/ml	1	B/D	BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>docetaxel (generic of DOCETAXEL) CONC</i> 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1	B/D	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
<i>paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml</i>	1	B/D	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	NDS B/D NM	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>vincristine sulfate SOLN 1mg/ml</i>	1	B/D	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
<i>vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml</i>	1	B/D	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
MOLECULAR TARGET AGENTS			CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	CAPRELSA TABS 300mg 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	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM LA PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM LA 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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 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
HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
HERCEPTIN SOLR 150mg	4	NDS NM LA PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
			KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
			KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
			KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 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	MEKTOVI TABS 15mg QL (180 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	MONJUVI SOLR 200mg	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	NERLYNX TABS 40mg QL (180 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	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 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
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	OGIVRI SOLR 150mg	4	NDS NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	OGIVRI INJ 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	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 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
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	PHESGO SOL	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
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
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
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
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
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
TAGRISSO 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
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
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM 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
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM LA 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

Drug Name	Drug Requirements/ Tier	Limits
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
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
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

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril & hydrochlorothiazide</i> <i>tab 20-25 mg</i> (generic of ZESTORETIC)	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPIRA) TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg</i> (generic of HYZAAR)	1	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) 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-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) 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-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	ANTIARRHYTHMICS		
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL	<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL	MULTAQ TABS 400mg	3	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL	NORPACE CR CP12 100mg, 150mg	3	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg			<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL	<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
			<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
			<i>sorine</i> TABS 240mg	1	
			<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
			<i>sotalol hcl</i> TABS 240mg	1	
			<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
			ANTILIPEMICS, FIBRATES		
			<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>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	
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	
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	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg</i>	1	
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	
<i>nadolol (generic of CORGARD) TABS 20mg, 40mg</i>	1	
<i>nadolol TABS 80mg</i>	1	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i> QL (60 tabs / 30 days)	1	QL
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	1	
<i>propranolol hcl SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg</i>	1	
<i>diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg</i>	1	
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	1	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	1	
<i>nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine CAPS 30mg</i>	1	
<i>NYMALIZE SOLN 6mg/ml</i>	4	NDS
<i>taztia xt (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadyt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
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>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	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	1	
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	3	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	4	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
NITRATES		
<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	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA 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
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	

Drug Name	Drug Requirements/ Tier	Limits
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
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> SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
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	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<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>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	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	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
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

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<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 & 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> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>entacapone</i> TABS 200mg	1		ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA	ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1		CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL	<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	2	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA	<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
ANTIPSYCHOTICS			<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL	FANAPT PAK QL (2 packs / year)	3	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
			<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL	<i>trifluoperazine hcl</i> TABS 1mg, 1 2mg, 5mg, 10mg		
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
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
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>risperidone</i> TABS .25mg	1		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL	ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL	ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL	ANTISEIZURE AGENTS		
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL	APTIOM TABS 200mg, 400mg QL (30 tabs / 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	APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL	BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		BRIVIACT SOLN 50mg/5ml BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<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	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1		<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA	<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA	DILANTIN CAPS 30mg, 100mg	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL	DILANTIN INFATABS CHEW 50mg	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL	DILANTIN-125 SUSP 125mg/5ml	3	
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA	<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> SUSP 600mg/5ml	4	NDS
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1		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
			<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL	NAYZILAM SOLN 5mg/0.1ml	3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	3	QL PA
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	<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>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	VALTOCO 5 MG DOSE LIQD 3 5mg/0.1ml	3	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
<i>primidone</i> TABS 125mg	1		VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA	XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		<i>zonisamide</i> CAPS 50mg	1	
<i>valproic acid</i> CAPS 250mg	1		ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 40mg</i> QL (60 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA	<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg</i> QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA	<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg</i> QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA
			<i>methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml</i> QL (1800 mL / 30 days)	1	QL PA
			<i>methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml</i> QL (900 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
HYPNOTICS			<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA	<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
MIGRAINE			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	1	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS					
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA	<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	4	NDS QL NM LA PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA	MUSCULOSKELETAL THERAPY AGENTS		
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA	<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
LITHIUM SOLN 8meq/5ml	3		<i>baclofen</i> TABS 10mg, 20mg	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1		<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
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1		<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA	<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1		<i>tizanidine hcl</i> TABS 2mg	1	
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1		<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA	NARCOLEPSY/CATAPLEXY		
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
MULTIPLE SCLEROSIS AGENTS			<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA	<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA			
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA			
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	1	QL
disulfiram TABS 250mg, 500mg	1	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	1	QL PA
VIVITROL SUSR 380mg	4	NDS NM
ENDOCRINE AND METABOLIC ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 1 100mg		
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide</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 xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL	<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg QL (90 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL			
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL			
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg (generic of</i> <i>ACTOPLUS MET)</i> QL (90 tabs / 30 days)	1	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	ADMELOG SOLN 100unit/ml	2	
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	BD ALCOHOL SWABS	2	
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL	FIASP SOLN 100unit/ml	2	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	FIASP PENFILL SOCT 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP PUMPCART SOCT 100unit/ml	2	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	GAUZE PADS 2" X 2"	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	INSULIN PEN NEEDLES: BD/NOVO	2	
			INSULIN SAFETY NEEDLES	2	
			INSULIN SYRINGES: BD	2	
			LANTUS SOLN 100unit/ml	2	
			LANTUS SOLOSTAR SOPN 100unit/ml	2	
			NOVOLIN INJ 70/30 (brand RELION not covered)	2	
			NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
			NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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		
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<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
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
deferasirox (generic of JADENU) TABS 90mg	1	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	4	NDS NM PA
LOKELMA PACK 5gm, 10gm	2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
trientine hcl (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
apri	1	
aranelle	1	
aubra eq	1	
aurovela 1/20	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
chateal eq	1	

Drug Name	Drug Requirements/ Tier	Limits
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
deblitane TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
drosiprenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	
drosiprenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1	
elinest	1	
eluryng (generic of NUVARING)	1	
enilloring (generic of NUVARING)	1	
enpresse-28	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	1	
falmina	1	
hailey 1.5/30	1	
haloette (generic of NUVARING)	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jasmiel (generic of YAZ)	1	
jolessa	1	
juleber	1	

Drug Name	Drug Requirements/ Tier Limits
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna (generic of YAZ)</i>	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq TABS .35mg</i>	1
<i>lyza TABS .35mg</i>	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>mili</i>	1
<i>mono-lynyah</i>	1
<i>necon 0.5/35-28</i>	1
<i>nikki (generic of YAZ)</i>	1
<i>nora-be TABS .35mg</i>	1
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1
<i>norethindrone (contraceptive) TABS .35mg</i>	1
<i>norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (generic of ORTHO TRI- CYCLEN LO)</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	1
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella (generic of YASMIN 28)</i>	1
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1

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

Drug Name	Drug Requirements/ Tier	Limits
<i>syeda</i> (generic of YASMIN 28)	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>velivet</i>	1	
<i>vestura</i> (generic of YAZ)	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i> (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
SYNAREL SOLN 2mg/ml	4	NDS PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	2	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>mimvey</i> (generic of ACTIVEVELLA)	2	
<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	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<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 1000mg	1	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	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	

Drug Name	Drug Requirements/ Tier	Limits
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
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
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA
CERDELGA CAPS 84mg	4	NDS NM LA PA
CEREZYME SOLR 400unit	4	NDS NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
<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	
FABRAZYME SOLR 5mg, 35mg	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
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; 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
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	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
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	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
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
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENEVA) PACK 2.4gm QL (180 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENEVA) PACK .8gm QL (540 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENEVA) TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	4	NDS QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
THYROID AGENTS					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		RAYALDEE CPCR 30mcg	4	NDS
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		GASTROINTESTINAL ANTIEMETICS		
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>propylthiouracil</i> TABS 50mg	1		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>synthroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		<i>compro</i> SUPP 25mg	1	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
VITAMIN D ANALOGS			<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>granisetron hcl</i> TABS 1mg	1	B/D
			<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
			<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
			<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
			<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
			<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
			<i>prochlorperazine</i> SUPP 25mg	1	
			<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
			<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
			<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
			<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<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
H2-RECEPTOR ANTAGONISTS		
<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	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
MISCELLANEOUS		
<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
GATTEX KIT 5mg	4	NDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
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	
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	

Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<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
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 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	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	1	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL	ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL	ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL	ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	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>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST	HEP SOD/D5W INJ 20000UNT	3	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL	HEP SOD/D5W INJ 25000UNT	3	
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL	HEP SOD/NACL INJ 12500UNT	2	
VAGINAL ANTI-INFECTIVES			HEP SOD/NACL INJ 25000UNT	2	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>metronidazole vaginal</i> GEL .75%	1		HEPARIN/NACL INJ 25000UNT	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1		<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
HEMATOLOGIC ANTICOAGULANTS			PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM 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		
<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
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	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
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	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
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
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>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NDS NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA

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
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 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 SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	4	NDS QL NM PA	INFLIXIMAB 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	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEDIA INJ CROHNS QL (2 syringes / 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
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	4	NDS QL NM PA	OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	REMICADE SOLR 100mg	4	NDS NM LA PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA	RENFLEXIS SOLR 100mg	4	NDS NM LA PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 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
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA	SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	4	NDS QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
			SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
			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

Drug Name	Drug Requirements/ Tier	Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA 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)		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA
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

Drug Name	Drug Requirements/ Tier	Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 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
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	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
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	4	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ABRYSCO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NUTRITIONAL/SUPPLEMENTS			
ELECTROLYTES/MINERALS,			
INJECTABLE			
D2.5W/NAACL INJ 0.45%	3	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
D5W/LYTES INJ #48	3	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
D10W/NAACL INJ 0.2%	2	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NAACL 0.9%)</i>	1
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NAACL 0.45%)</i>	1	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>dextrose 5% in lactated ringers</i>	1	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	KCL/D5W/NAACL INJ 0.3/0.9%	3
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NAACL 0.3%)</i>	1	<i>lactated ringer's solution</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	<i>magnesium sulfate SOLN 50%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
ISOLYTE-P INJ /D5W	3	MG SO4/D5W INJ 10MG/ML	2
ISOLYTE-S INJ	3	<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE-148)</i>	1
ISOLYTE-S INJ PH 7.4	3	<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	PLASMA-LYTE INJ -148	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	PLASMA-LYTE INJ -A	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	POT CHL 20MEQ/L IN NAACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	POT CHL 20MEQ/L IN NAACL 0.45% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	POT CHL 40MEQ/L IN NAACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	<i>potassium chloride SOLN 2meq/ml</i>	1

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

Drug Name	Drug Requirements/ Tier	Limits
POTASSIUM CHLORIDE SOLN 10meq/50ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	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	
<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	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	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
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1
<i>polycin ophth oint</i>	1
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1
<i>tobramycin (ophth)</i> SOLN .3%	1
<i>trifluridine</i> SOLN 1%	1
ZIRGAN GEL .15%	3
ANTI-INFLAMMATORIES	
ALREX SUSP .2%	2
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	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
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
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1

Drug Name	Drug Requirements/ Tier Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1
LOTEMAX OINT .5%	2
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1
PREDNISOLONE SODIUM PHOSP SOLN 1%	2
PROLENSA SOLN .07%	2
ANTIALLERGICS	
<i>azelastine hcl (ophth)</i> SOLN .05%	1
<i>cromolyn sodium (ophth)</i> SOLN 4%	1
ZERVIATE SOLN .24%	3
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1
BETOPTIC-S SUSP .25%	3
<i>brimonidine tartrate</i> SOLN .2%	1
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1
<i>carteolol hcl (ophth)</i> SOLN 1%	1
COMBIGAN SOL 0.2/0.5%	2
<i>dorzolamide hcl</i> SOLN 2%	1
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1
<i>levobunolol hcl</i> SOLN .5%	1
LUMIGAN SOLN .01%	2
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1
RHOPRESSA SOLN .02%	3
ROCKLATAN DRO	3
SIMBRINZA SUS 1-0.2%	3
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1
VYZULTA SOLN .024%	3

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	1	
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
<i>proparacaine hcl (generic of ALCAINE) SOLN .5%</i>	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
TYRVAYA SOLN .03mg/act	3	
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac (generic of DERMOTIC) OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) 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

Drug Name	Drug Requirements/ Tier	Limits
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	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 1mg/ml QL (300 mL / 30 days)</i>	1	QL
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA if 70 years and older</i>	2	PA
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older</i>	3	PA
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older</i>	2	PA
<i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg PA if 70 years and older</i>	2	PA
<i>hydroxyzine pamoate CAPS 50mg PA if 70 years and older</i>	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<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
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU 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
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
<i>terbutaline sulfate</i> 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
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	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

Drug Name	Drug Requirements/ Tier	Limits
<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; SOLR 1000mg	4	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
<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 SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM LA PA
NASAL STEROIDS		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA INH 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
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL	<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL	<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL PA
TOPICAL DERMATOLOGY, ACNE			<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA	DERMATOLOGY, ANTIBIOTICS		
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL	<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL	<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL	<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL	<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL	DERMATOLOGY, ANTIFUNGALS		
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL	<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 (30 mL / 30 days)	1	QL
			<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	1	QL
			<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL	<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
DERMATOLOGY, ANTIPSORIATICS			<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA	<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA	ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA	<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
DERMATOLOGY, ANTISEBORRHEICS			<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL			
<i>selenium sulfide</i> LOTN 2.5%	1				
DERMATOLOGY, CORTICOSTEROIDS					
<i>ala-cort</i> CREA 1%, 2.5%	1				
<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			
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 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>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>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan iii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	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> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<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
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
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 irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard (generic of PERIDEX)</i> SOLN .12%	1	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

ALECENSA.....	12	<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
<i>alendronate sodium</i>	38	<i>benazepril hcl cap 5-10</i>		<i>for susp 600-42.9 mg/5ml</i>	
<i>alfuzosin hcl</i>	46	<i>mg</i>	16	.....	9
ALIMTA		<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
see <i>pemetrexed</i>		<i>benazepril hcl cap 5-20</i>		<i>tab 250-125 mg</i>	9
<i>disodium</i>	10	<i>mg</i>	16	<i>amoxicillin & k clavulanate</i>	
ALINIA		<i>amlodipine besylate-</i>		<i>tab 500-125 mg</i>	9
see <i>nitazoxanide</i>	4	<i>benazepril hcl cap 5-40</i>		<i>amoxicillin & k clavulanate</i>	
<i>aliskiren fumarate</i>	22	<i>mg</i>	16	<i>tab 875-125 mg</i>	9
<i>allopurinol</i>	1	<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
<i>alose tron hcl</i>	45	<i>olmesartan medoxomil</i>		<i>tab er 12hr 1000-62.5 mg</i>	
ALPHAGAN P		<i>tab 10-20 mg</i>	18	.....	9
see <i>brimonidine tartrate</i>		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
.....	54	<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
<i>alprazolam</i>	23	<i>tab 10-40 mg</i>	18	<i>er 24hr 10 mg</i>	32
ALREX	54	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
ALTACE		<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
see <i>ramipril</i>	17	<i>tab 5-20 mg</i>	18	<i>er 24hr 15 mg</i>	32
<i>altavera</i>	39	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
ALUNBRIG.....	12	<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
ALUNBRIG PAK	12	<i>tab 5-40 mg</i>	18	<i>er 24hr 20 mg</i>	32
<i>alyacen 1/35</i>	39	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
<i>alyacen 7/7/7</i>	39	<i>valsartan tab 10-160 mg</i>		<i>dextroamphetamine cap</i>	
<i>amabelz tab 0.5-0.1mg</i> ...	41	.....	18	<i>er 24hr 25 mg</i>	32
<i>amantadine hcl</i>	25	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
AMBIEN		<i>valsartan tab 10-320 mg</i>		<i>dextroamphetamine cap</i>	
see <i>zolpidem tartrate</i> ...	33	.....	18	<i>er 24hr 30 mg</i>	32
AMBISOME		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
see <i>amphotericin b</i>		<i>valsartan tab 5-160 mg</i>		<i>dextroamphetamine cap</i>	
<i>liposome</i>	4	<i>amlodipine besylate-</i>		<i>dextroamphetamine cap</i>	
<i>ambrisentan</i>	23	<i>valsartan tab 5-320 mg</i>		<i>er 24hr 5 mg</i>	32
<i>amikacin sulfate</i>	3	<i>amnestem</i>	58	<i>amphetamine-</i>	
<i>amiloride &</i>		<i>amoxapine</i>	24	<i>dextroamphetamine tab</i>	
<i>hydrochlorothiazide tab</i>		<i>amoxicillin</i>	9	<i>10 mg</i>	32
5-50 mg	22	<i>amoxicillin & k clavulanate</i>		<i>dextroamphetamine tab</i>	
<i>amiloride hcl</i>	22	<i>chew tab 200-28.5 mg</i> ...9		<i>12.5 mg</i>	32
<i>amiodarone hcl</i>	19	<i>amoxicillin & k clavulanate</i>		<i>amphetamine-</i>	
<i>amitriptyline hcl</i>	24	<i>chew tab 400-57 mg</i>.....9		<i>dextroamphetamine tab</i>	
<i>amlodipine besylate</i>	21	<i>amoxicillin & k clavulanate</i>		<i>15 mg</i>	32
<i>amlodipine besylate-</i>		<i>for susp 200-28.5 mg/5ml</i>		<i>amphetamine-</i>	
<i>benazepril hcl cap 10-20</i>		.....	9	<i>dextroamphetamine tab</i>	
<i>mg</i>	16	<i>amoxicillin & k clavulanate</i>		<i>20 mg</i>	32
<i>amlodipine besylate-</i>		<i>for susp 250-62.5 mg/5ml</i>		<i>amphetamine-</i>	
<i>benazepril hcl cap 10-40</i>		.....	9	<i>dextroamphetamine tab</i>	
<i>mg</i>	17	<i>amoxicillin & k clavulanate</i>		<i>30 mg</i>	32
<i>amlodipine besylate-</i>		<i>for susp 400-57 mg/5ml</i> ..9		<i>amphetamine-</i>	
<i>benazepril hcl cap 2.5-10</i>				<i>dextroamphetamine tab 5</i>	
<i>mg</i>	16			<i>mg</i>	32

<i>amphetamine-dextroamphetamine tab</i>	APTIOM	28	<i>df tab 600-200-300 mg</i>	6
7.5 mg	APTIVUS.....	5	.....	6
<i>amphotericin b</i>	ARALAST NP.....	56	ATROPINE SULFATE	55
<i>amphotericin b liposome</i> ...	<i>aranelle</i>	39	<i>atropine sulfate</i>	
<i>ampicillin</i>	ARAVA		(<i>ophthalmic</i>).....	55
<i>ampicillin & sulbactam</i>	see <i>leflunomide</i>	50	ATROVENT HFA	55
<i>sodium for inj 1.5 (1-0.5)</i>	ARCALYST	50	<i>aubra eq</i>	39
<i>gm</i>	AREXVY	51	AUGMENTIN	
<i>ampicillin & sulbactam</i>	ARICEPT		see <i>amoxicillin & k</i>	
<i>sodium for inj 3 (2-1) gm</i>	see <i>donepezil</i>		<i>clavulanate tab 500-</i>	
.....	<i>hydrochloride</i>	23	<i>125 mg</i>	9
<i>ampicillin & sulbactam</i>	ARIMIDEX		AUGMENTIN ES-600	
<i>sodium for iv soln 1.5 (1-</i>	see <i>anastrozole</i>	11	see <i>amoxicillin & k</i>	
<i>0.5) gm</i>	<i>aripiprazole</i>	26	<i>clavulanate for susp</i>	
<i>ampicillin & sulbactam</i>	ARISTADA.....	26	<i>600-42.9 mg/5ml</i>	9
<i>sodium for iv soln 15 (10-</i>	ARISTADA INITIO	26	AUGTYRO	12
<i>5) gm</i>	ARIXTRA		<i>aurovela 1/20</i>	39
<i>ampicillin & sulbactam</i>	see <i>fondaparinux sodium</i>		<i>aurovela fe 1/20</i>	39
<i>sodium for iv soln 3 (2-1)</i>	.....	47	<i>aurovela fe 1.5/30</i>	39
<i>gm</i>	<i>armodafinil</i>	34	AUSTEDO.....	34
<i>ampicillin sodium</i>	ARNUITY ELLIPTA.....	57	AUSTEDO XR.....	34
9	AROMASIN		AUSTEDO XR TAB TITR	
AMPYRA	see <i>exemestane</i>	11	KIT.....	34
see <i>dalfampridine</i>	<i>asenapine maleate</i>	26	AUVELITY TAB 45-105MG	
34	<i>aspirin-dipyridamole cap er</i>		.....	24
ANAFRANIL	12hr 25-200 mg	48	AVALIDE	
see <i>clomipramine hcl</i>	ASTAGRAF XL	50	see <i>irbesartan-</i>	
24	ATACAND		<i>hydrochlorothiazide tab</i>	
<i>anagrelide hcl</i>	see <i>candesartan cilexetil</i>		<i>150-12.5 mg</i>	18
48	.....	19	see <i>irbesartan-</i>	
ANAPROX DS	<i>atazanavir sulfate</i>	5	<i>hydrochlorothiazide tab</i>	
see <i>naproxen sodium</i>	<i>atenolol</i>	21	<i>300-12.5 mg</i>	18
1	<i>atenolol & chlorthalidone</i>		AVAPRO	
<i>anastrozole</i>	<i>tab 100-25 mg</i>	20	see <i>irbesartan</i>	19
11	<i>atenolol & chlorthalidone</i>		<i>aviane</i>	39
ANCOBON	<i>tab 50-25 mg</i>	20	AVODART	
see <i>flucytosine</i>	ATIVAN		see <i>dutasteride</i>	46
5	see <i>lorazepam</i>	23	<i>ayuna</i>	39
ANDROGEL PUMP	<i>atomoxetine hcl</i>	32	AYVAKIT.....	12
see <i>testosterone</i>	<i>atorvastatin calcium</i>	20	<i>azacitidine</i>	10
35	<i>atovaquone</i>	3	AZACTAM	
ANORO ELLIPT AER 62.5-	<i>atovaquone-proguanil hcl</i>		see <i>aztreonam</i>	3
25	<i>tab 250-100 mg</i>	5	<i>azathioprine</i>	50
55	<i>atovaquone-proguanil hcl</i>		<i>azelastine hcl</i>	55
ANUSOL-HC	<i>tab 62.5-25 mg</i>	5	<i>azelastine hcl (ophth)</i>	54
see <i>hydrocortisone</i>	ATRIPLA		AZILECT	
(<i>rectal</i>).....	see <i>efavirenz-</i>		see <i>rasagiline mesylate</i>	
60	<i>emtricitabine-tenofovir</i>		.....	26
see <i>procto-med hc</i>				
60				
see <i>proctosol hc</i>				
60				
see <i>proctozone-hc</i>				
60				
<i>aprepitant</i>				
44				
<i>aprepitant capsule therapy</i>				
<i>pack 80 & 125 mg</i>				
44				
<i>apri</i>				
39				
APRISO				
see <i>mesalamine</i>				
45				

<i>azithromycin</i>.....8	BD ALCOHOL SWABS...37	<i>betamethasone</i>
AZOPT	<i>benazepril &</i>	<i>dipropionate augmented</i>
see <i>brinzolamide</i> .....54	<i>hydrochlorothiazide tab</i>	.....59
AZOR	10-12.5 mg .....17	<i>betamethasone valerate</i> .59
see <i>amlodipine besylate-</i>	<i>benazepril &</i>	BETAPACE
<i>olmesartan medoxomil</i>	<i>hydrochlorothiazide tab</i>	see <i>sorine</i> .....19
<i>tab 10-20 mg</i>.....18	20-12.5 mg .....17	see <i>sotalol hcl</i>.....19
see <i>amlodipine besylate-</i>	<i>benazepril &</i>	BETAPACE AF
<i>olmesartan medoxomil</i>	<i>hydrochlorothiazide tab</i>	see <i>sotalol hcl (afib/af)</i> 19
<i>tab 10-40 mg</i>.....18	20-25 mg .....17	BETASERON.....34
see <i>amlodipine besylate-</i>	<i>benazepril &</i>	<i>betaxolol hcl (ophth)</i>.....54
<i>olmesartan medoxomil</i>	<i>hydrochlorothiazide tab</i>	<i>bethanechol chloride</i>.....46
<i>tab 5-20 mg</i>.....18	5-6.25mg .....17	BETOPTIC-S .....54
see <i>amlodipine besylate-</i>	<i>benazepril hcl</i>.....17	BEVESPI AER 9-4.8MCG
<i>olmesartan medoxomil</i>	BENDEKA.....10	.....55
<i>tab 5-40 mg</i>.....18	BENICAR	<i>bexarotene</i> .....11
<i>aztreonam</i> .....3	see <i>olmesartan</i>	<i>bexarotene (topical)</i> .....60
AZULFIDINE	<i>medoxomil</i> .....19	BEXSERO INJ .....51
see <i>sulfasalazine</i>.....45	BENICAR HCT	BIAXIN XL
AZULFIDINE EN-TABS	see <i>olmesartan</i>	see <i>clarithromycin</i> .....8
see <i>sulfasalazine</i>.....45	<i>medoxomil-</i>	<i>bicalutamide</i>.....11
<i>azurette</i> .....39	<i>hydrochlorothiazide tab</i>	BICILLIN L-A.....9
B	20-12.5 mg.....18	BIKTARVY TAB 30-120-15
<i>bacitracin (ophthalmic)</i>....53	see <i>olmesartan</i>	MG.....6
<i>bacitracin-polymyxin b</i>	<i>medoxomil-</i>	BIKTARVY TAB 50-200-25
<i>ophth oint</i>.....53	<i>hydrochlorothiazide tab</i>	MG.....6
<i>bacitracin-polymyxin-</i>	40-12.5 mg.....18	BILTRICIDE
<i>neomycin-hc ophth oint</i>	see <i>olmesartan</i>	see <i>praziquantel</i> .....4
1%.....53	<i>medoxomil-</i>	<i>bisoprolol &</i>
<i>baclofen</i> .....34	<i>hydrochlorothiazide tab</i>	<i>hydrochlorothiazide tab</i>
BACTRIM	40-25 mg.....18	10-6.25 mg .....20
see <i>sulfamethoxazole-</i>	BENLYSTA .....50	<i>bisoprolol &</i>
<i>trimethoprim tab 400-</i>	BENZAMYCIN	<i>hydrochlorothiazide tab</i>
80 mg.....4	see <i>benzoyl peroxide-</i>	2.5-6.25 mg .....20
BACTRIM DS	<i>erythromycin gel 5-3%</i>	<i>bisoprolol &</i>
see <i>sulfamethoxazole-</i>	.....58	<i>hydrochlorothiazide tab</i>
<i>trimethoprim tab 800-</i>	<i>benzoyl peroxide-</i>	5-6.25 mg .....20
160 mg.....4	<i>erythromycin gel 5-3%</i> .58	<i>bisoprolol fumarate</i> .....21
BAFIERTAM .....34	<i>benztropine mesylate</i> .....25	BIVIGAM .....50
<i>balsalazide disodium</i>.....45	BERINERT .....48	<i>blisovi fe 1.5/30</i> .....39
BALVERSA .....12	BESIVANCE .....53	BOOSTRIX INJ .....51
<i>balziva</i>39	BESREMI.....11	<i>bortezomib</i>12
BANZEL	<i>betaine powder for oral</i>	BORTEZOMIB12
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see <i>entecavir</i>7	<i>dipropionate (topical)</i> ...59	BRAFTOVI12
BASAGLAR KWIKPEN...37		BREO ELLIPTA INH 100-
BCG VACCINE .....51		25 .....57

BREO ELLIPTA INH 200-25	57	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	35	see <i>sucralfate</i>	46
BREO ELLIPTA INH 50-25MCG	57	<i>bupropion hcl</i>	24	<i>carb/levo orally disintegrating tab 10-100mg</i>	25
BREZTRI AERO AER SPHERE.....	55	<i>bupropion hcl (smoking deterrent)</i>	35	<i>carb/levo orally disintegrating tab 25-100mg</i>	25
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	55	<i>buspirone hcl</i>	23	<i>carb/levo orally disintegrating tab 25-250mg</i>	25
<i>briellyn</i>	39	<i>butorphanol tartrate</i>	2	CARBAGLU	
BRILINTA.....	48	BYDUREON BCISE.....	35	see <i>carglumic acid</i>	42
<i>brimonidine tartrate</i>	54	BYETTA.....	35	<i>carbamazepine</i>	28, 29
<i>brinzolamide</i>	54	BYSTOLIC		CARBATROL	
BRIVIACT	28	see <i>nebivolol hcl</i>	21	see <i>carbamazepine</i>	28
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This formulary was updated on 03/25/2024. For more recent information or other questions, please contact Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

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