

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 09/26/2024. 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 September 26, 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 September 26, 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 dr</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 | | | <i>piroxicam</i> CAPS 10mg, 20mg | 1 | |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | 1 | QL | <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days) | 1 | QL | OPIOID ANALGESICS, LONG-ACTING | | |
| <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>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL PA |
| <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 |
|---|----------------------------|-----------|--|----------------------------|--------|
| OPIOID ANALGESICS, SHORT-ACTING | | | | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 | QL | <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 1 | QL |
| QL (2700 mL / 30 days) | | | QL (150 tabs / 30 days) | | |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 1 | QL | <i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> | 1 | QL |
| QL (400 tabs / 30 days) | | | QL (600 mL / 30 days) | | |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 1 | QL | <i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> | 1 | QL |
| QL (360 tabs / 30 days) | | | QL (180 tabs / 30 days) | | |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 | QL | MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | 3 | B/D |
| QL (180 tabs / 30 days) | | | <i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i> | 3 | B/D |
| <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i> | 3 | | <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> | 1 | QL |
| <i>endocet tab 2.5-325mg (generic of PERCOCET)</i> | 1 | QL | QL (900 mL / 30 days) | | |
| QL (360 tabs / 30 days) | | | <i>morphine sulfate SOLN 100mg/5ml</i> | 1 | QL |
| <i>endocet tab 5-325mg (generic of PERCOCET)</i> | 1 | QL | QL (180 mL / 30 days) | | |
| QL (360 tabs / 30 days) | | | <i>morphine sulfate TABS 15mg, 30mg</i> | 1 | QL |
| <i>endocet tab 7.5-325mg (generic of PERCOCET)</i> | 1 | QL | QL (180 tabs / 30 days) | | |
| QL (240 tabs / 30 days) | | | MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 3 | B/D |
| <i>endocet tab 10-325mg (generic of PERCOCET)</i> | 1 | QL | <i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i> | 3 | |
| QL (180 tabs / 30 days) | | | <i>oxycodone hcl CAPS 5mg</i> | 1 | QL |
| <i>fentanyl citrate LPOP 200mcg</i> | 1 | QL PA | QL (180 caps / 30 days) | | |
| QL (120 lozenges / 30 days) | | | <i>oxycodone hcl CONC 100mg/5ml</i> | 1 | QL |
| <i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> | 4 | NDS QL PA | QL (180 mL / 30 days) | | |
| QL (120 lozenges / 30 days) | | | <i>oxycodone hcl SOLN 5mg/5ml</i> | 1 | QL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1 | QL | QL (900 mL / 30 days) | | |
| QL (2700 mL / 30 days) | | | <i>oxycodone hcl TABS 5mg, 10mg, 20mg</i> | 1 | QL |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 1 | QL | QL (180 tabs / 30 days) | | |
| QL (240 tabs / 30 days) | | | <i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg</i> | 1 | QL |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 1 | QL | QL (180 tabs / 30 days) | | |
| QL (180 tabs / 30 days) | | | <i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> | 1 | QL |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 1 | QL | QL (360 tabs / 30 days) | | |
| QL (180 tabs / 30 days) | | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|--|----------------------------|--------|
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL | <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml | 1 | |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL | <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 1 | |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL | <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 1 | |
| <i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days) | 1 | QL | <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 1 | |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days) | 1 | QL | CLINDMYC/NAC INJ 300/50ML | 3 | |
| ANESTHETICS | | | CLINDMYC/NAC INJ 600/50ML | 3 | |
| LOCAL ANESTHETICS | | | CLINDMYC/NAC INJ 900/50ML | 3 | |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5% | 1 | B/D | <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg | 1 | |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2% | 1 | B/D | <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| ANTI-INFECTIVES | | | DAPTOMYCIN SOLR 350mg | 4 | NDS |
| ANTI-INFECTIVES - MISCELLANEOUS | | | <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg | 4 | NDS |
| <i>albendazole</i> TABS 200mg QL (672 tabs / year) | 4 | NDS QL PA | <i>daptomycin</i> SOLR 500mg | 4 | NDS |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 1 | | EMVERM CHEW 100mg QL (12 tabs / year) | 4 | NDS QL |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml | 1 | | <i>ertapenem sodium</i> SOLR 1gm | 1 | |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm | 1 | | <i>gentamicin in saline inj 0.8 mg/ml</i> | 1 | |
| CAYSTON SOLR 75mg | 4 | NDS NM LA PA | <i>gentamicin in saline inj 1 mg/ml</i> | 1 | |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | 1 | | <i>gentamicin in saline inj 1.2 mg/ml</i> | 1 | |
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 1 | | <i>gentamicin in saline inj 1.6 mg/ml</i> | 1 | |
| <i>clindamycin phosphate</i> SOLN 600mg/4ml | 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 | |
| | | | <i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV) | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days) | 1 | QL PA |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml | 1 | |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL |
| <i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 1 | |
| <i>meropenem</i> SOLR 1gm, 500mg | 1 | |
| <i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm | 1 | |
| <i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml | 1 | |
| <i>metronidazole</i> TABS 250mg, 500mg | 1 | |
| <i>neomycin sulfate</i> TABS 500mg | 1 | |
| <i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days) | 4 | NDS QL |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg | 2 | |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg | 2 | |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg | 1 | |
| <i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg | 1 | |
| SIVEXTRO SOLR 200mg; TABS 200mg | 4 | NDS |
| <i>streptomycin sulfate</i> SOLR 1gm | 4 | NDS |
| <i>sulfadiazine</i> TABS 500mg | 4 | NDS |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM) | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS) | 1 | |
| <i>tinidazole</i> TABS 250mg, 500mg | 1 | |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml | 4 | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | 1 | |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days) | 1 | QL |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days) | 1 | QL |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm | 1 | |
| <i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1 | |
| VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg | 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</i> SOLR 50mg | 1 | B/D |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg | 4 | NDS B/D |
| <i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg | 1 | |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg | 1 | |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml | 1 | |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml | 1 | |
| <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg | 4 | NDS PA |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 1 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 1 | |
| <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg | 1 | PA |
| <i>ketoconazole</i> TABS 200mg | 1 | PA |
| <i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg | 4 | NDS |
| <i>nystatin</i> TABS 500000unit | 1 | |
| <i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| <i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days) | 4 | NDS QL PA |
| <i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year) | 1 | QL |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg | 1 | PA |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml | 4 | NDS PA |
| <i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days) | 1 | QL PA |
| <i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days) | 1 | QL PA |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE) | 1 | |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| <i>mefloquine hcl</i> TABS 250mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1 | |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg | 1 | PA |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml | 1 | NM |
| <i>abacavir sulfate</i> TABS 300mg | 1 | NM |
| APTIVUS CAPS 250mg | 4 | NDS NM |
| <i>atazanavir sulfate</i> CAPS 150mg | 1 | NM |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg | 1 | NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| EDURANT TABS 25mg | 4 | NDS NM |
| <i>efavirenz</i> CAPS 50mg, 200mg | 1 | NM |
| <i>efavirenz</i> (generic of SUSTIVA) TABS 600mg | 1 | NM |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg | 1 | NM |
| EMTRIVA SOLN 10mg/ml | 3 | NM |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg | 4 | NDS NM |
| <i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg | 4 | NDS NM |
| FUZEON SOLR 90mg | 4 | NDS NM LA |
| INTELENCE TABS 25mg | 3 | NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 4 | NDS NM |
| ISENTRESS HD TABS 600mg | 4 | NDS NM |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg | 4 | NDS NM |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |
| NORVIR PACK 100mg | 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| BIKTARVY TAB 50-200-25 MG | 4 | NDS NM |
| CIMDUO TAB 300-300 | 4 | NDS NM |
| 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA) | 1 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA) | 1 | NM |
| ODEFSEY TAB | 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, 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 | |
| SIRTIURO TABS 20mg, 100mg | 4 | NDS NM LA PA |
| TRECTOR TABS 250mg | 3 | |
| ANTIVIRALS | | |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| <i>acyclovir sodium</i> SOLN 50mg/ml | 1 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>ganciclovir sodium</i> SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 4 | NDS NM PA |
| HARVONI PAK 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 90-400MG | 4 | NDS NM PA |
| <i>lamivudine (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 |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|--------|
| CEPHALOSPORINS | | | | | |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | | <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 1 | |
| CEFAZOLIN ER TB12 500mg | 3 | | <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml | 1 | | <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 3 | | DIFICID SUSR 40mg/ml; TABS 200mg | 4 | NDS |
| CEFAZOLIN INJ 1GM/50ML | 3 | | <i>e.e.s. 400</i> TABS 400mg | 1 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | | <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 3 | | ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | | <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | | <i>erythromycin ethylsuccinate</i> TABS 400mg | 1 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 1 | | <i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | 1 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | | FLUOROQUINOLONES | | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | | CIPRO SUSR 500mg/5ml | 3 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | <i>ciprofloxacin 200 mg/100ml in d5w</i> | 1 | |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 1 | | <i>ciprofloxacin 400 mg/200ml in d5w</i> | 1 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | | <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | | <i>ciprofloxacin hcl</i> TABS 750mg | 1 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 1 | | <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | 1 | | <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 1 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 1 | | <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 1 | |
| TEFLARO SOLR 400mg, 600mg | 4 | NDS | <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 1 | |
| ERYTHROMYCINS/MACROLIDES | | | <i>moxifloxacin hcl</i> TABS 400mg | 1 | |
| <i>azithromycin</i> PACK 1gm; TABS 600mg | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|--|-----------------------------------|
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 1 | <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i> | 1 |
| PENICILLINS | | BICILLIN L-A SUSY | 3 |
| <i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg</i> | 1 | 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | |
| <i>amoxicillin (generic of AMOXICILLIN) SUSR 400mg/5ml</i> | 1 | <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 1 |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 1 | <i>nafcillin sodium SOLR 1gm, 2gm</i> | 1 |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | <i>nafcillin sodium SOLR 10gm</i> | 4 NDS |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | 1 |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | PEN GK/DEXTR INJ | 3 |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i> | 1 | 40000/ML | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | PEN GK/DEXTR INJ | 3 |
| <i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i> | 1 | 60000/ML | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | 1 |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 1 | <i>penicillin g sodium SOLR 5000000unit</i> | 1 |
| <i>ampicillin CAPS 500mg</i> | 1 | <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | 1 |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i> | 1 | <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | 1 |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i> | 1 | <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 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 2.25 gm (2-0.25 gm)</i> | 1 |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 1 | <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 1 |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i> | 1 | <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | 1 |
| | | <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 1 |
| | | TETRACYCLINES | |
| | | <i>doxy 100 SOLR 100mg</i> | 1 |
| | | <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</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>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |
| <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 | | |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 4 | NDS B/D NM |
| 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/5ml, 1000mg/10ml, 2000mg/20ml | 4 | NDS B/D |
| <i>cyclophosphamide</i> SOLR 2gm | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | NDS B/D |
| GLEOSTINE CAPS 10mg, 40mg | 3 | NM |
| GLEOSTINE CAPS 100mg | 4 | NDS NM |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>paraplatin</i> SOLN 1000mg/100ml | 1 | B/D |
| ANTIBIOTICS | | |
| <i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml | 1 | B/D |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml | 4 | NDS B/D |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml | 1 | B/D |
| ELLECE 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| 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 |
| <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 |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| 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 |
| 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 QL (84 caps / 28 days) | 4 | NDS QL NM LA PA |
| THALOMID CAPS 100mg QL (112 caps / 28 days) | 4 | NDS QL NM LA PA |
| THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days) | 4 | NDS QL NM LA PA |
| MISCELLANEOUS | | |
| 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 | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|---|----------------------------|------------------------|
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D | ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>irinotecan hcl</i> SOLN 500mg/25ml | 1 | B/D | ALUNBRIG PAK QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | 4 | NDS QL NM LA PA | AUGTYRO CAPS 40mg QL (240 caps / 30 days) | 4 | NDS QL NM LA PA |
| KISQALI 200 PAK FEMARA QL (49 tabs / 28 days) | 4 | NDS QL NM PA | AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| KISQALI 400 PAK FEMARA QL (70 tabs / 28 days) | 4 | NDS QL NM PA | BALVERSA TABS 3mg QL (84 tabs / 28 days) | 4 | NDS QL NM LA PA |
| 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 <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg | 4 | NDS NM PA NDS NM PA |
| MITOTIC INHIBITORS | | | BOSULIF CAPS 50mg QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 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</i> (generic of DOCETAXEL) CONC 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</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D | BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | 4 | NDS QL NM LA PA |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 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</i> SOLN 1mg/ml | 1 | B/D | CALQUENCE CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM LA PA |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| COMETRIQ KIT 100MG QL (56 caps / 28 days) | 4 | NDS QL NM LA PA |
| COMETRIQ KIT 140MG QL (112 caps / 28 days) | 4 | NDS QL NM LA PA |
| COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days) | 4 | NDS QL NM LA PA |
| COTELLIC TABS 20mg QL (63 tabs / 28 days) | 4 | NDS QL NM LA PA |
| 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 |
| ERIVEDGE CAPS 150mg QL (30 caps / 30 days) | 4 | NDS QL NM LA PA |
| <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days) | 4 | NDS QL NM LA PA |
| FRUZAQLA CAPS 1mg QL (84 caps / 28 days) | 4 | NDS QL NM LA PA |
| FRUZAQLA CAPS 5mg QL (21 caps / 28 days) | 4 | NDS QL NM LA PA |
| GAVRETO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| HERCEP HYLEC SOL 60- 10000 | 4 | NDS NM LA PA |
| HERCEPTIN SOLR 150mg | 4 | NDS NM LA PA |
| HERZUMA SOLR 150mg, 420mg | 4 | NDS NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days) | 4 | NDS QL NM LA PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | 4 | NDS QL NM LA PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg 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 |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | 4 | NDS QL NM LA PA |
| IMBRUVICA CAPS 140mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA |
| IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days) | 4 | NDS QL NM LA PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| INLYTA TABS 1mg QL (180 tabs / 30 days) | 4 | NDS QL NM LA PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days) | 4 | NDS QL NM LA PA |
| INREBIC CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|---|----------------------------|--------------------|
| JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA | LENVIMA CAP 24 MG QL (90 caps / 30 days) | 4 | NDS QL NM LA PA |
| JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA | LORBRENA TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM LA PA |
| KADCYLA SOLR 100mg, 160mg | 4 | NDS B/D NM LA | LORBRENA TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| KANJINTI SOLR 150mg, 420mg | 4 | NDS NM LA PA | LUMAKRAS TABS 120mg QL (240 tabs / 30 days) | 4 | NDS QL NM LA PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | NDS NM LA PA | LUMAKRAS TABS 320mg QL (90 tabs / 30 days) | 4 | NDS QL NM LA PA |
| KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA | LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM LA PA |
| 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, 420mg | 4 | NDS NM LA PA |
| | | | OGSIVEO TABS 50mg QL (180 tabs / 30 days) | 4 | NDS QL NM LA PA |
| | | | OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM LA PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|---|----------------------------|--------------------|
| OJEMDA SUSR 25mg/ml QL (96 mL / 28 days) | 4 | NDS QL NM LA PA | RYDAPT CAPS 25mg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| OJEMDA TABS 100mg QL (24 tabs / 28 days) | 4 | NDS QL NM LA PA | SCSEMBLIX TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA | SCSEMBLIX TABS 40mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| ONTRUZANT SOLR 150mg, 420mg | 4 | NDS NM LA PA | SCSEMBLIX TABS 100mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 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 |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days) | 4 | NDS QL NM LA PA | SPRYCEL TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PHESGO SOL | 4 | NDS NM LA PA | SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA | STIVARGA TABS 40mg QL (84 tabs / 28 days) | 4 | NDS QL NM LA PA |
| PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days) | 4 | NDS QL NM 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 |
| PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA | TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| QINLOCK TABS 50mg QL (90 tabs / 30 days) | 4 | NDS QL NM LA PA | TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA |
| RETEVMO CAPS 40mg QL (180 caps / 30 days) | 4 | NDS QL NM LA PA | TAFINLAR TBSO 10mg QL (900 tabs / 30 days) | 4 | NDS QL NM LA PA |
| RETEVMO CAPS 80mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA | TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| RETEVMO TABS 40mg QL (90 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 |
| RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA | TALZENNA CAPS .25mg QL (90 caps / 30 days) | 4 | NDS QL NM LA PA |
| REZLIDHIA CAPS 150mg QL (60 caps / 30 days) | 4 | NDS QL NM LA PA | TASIGNA CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 100mg QL (150 caps / 30 days) | 4 | NDS QL NM LA PA | TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM LA PA | TAZVERIK TABS 200mg QL (240 tabs / 30 days) | 4 | NDS QL NM LA PA |
| ROZLYTREK PACK 50mg QL (336 packets / 28 days) | 4 | NDS QL NM LA PA | TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | NDS NM LA PA |
| RUBRACA TABS 200mg, 250mg, 300mg QL (120 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 |
|---|----------------------------|--------------------|---|----------------------------|--------------------|
| TEPMETKO TABS 225mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA | XALKORI CPSP 20mg QL (240 caps / 30 days) | 4 | NDS QL NM LA PA |
| TIBSOVO TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA | XALKORI CPSP 150mg QL (180 caps / 30 days) | 4 | NDS QL NM LA PA |
| <i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA | XOSPATA TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM LA PA |
| TRAZIMERA SOLR 150mg, 420mg | 4 | NDS NM PA | XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days) | 4 | NDS QL NM LA PA |
| TRUQAP TABS 160mg, 200mg QL (64 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 |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA | XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days) | 4 | NDS QL NM LA PA |
| TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 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 |
| TURALIO CAPS 125mg QL (120 caps / 30 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 |
| VANFLYTA TABS 17.7mg, 26.5mg QL (56 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 |
| VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | 3 | QL NM LA PA | XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days) | 4 | NDS QL NM LA PA |
| VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | 4 | NDS QL NM LA PA | ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM LA PA | ZELBORAF TABS 240mg QL (240 tabs / 30 days) | 4 | NDS QL NM LA PA |
| VENCLEXTA TAB START PK QL (42 tabs / 28 days) | 4 | NDS QL NM LA PA | ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM LA PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM LA PA | ZOLINZA CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 25mg QL (180 caps / 30 days) | 4 | NDS QL NM LA PA | ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA |
| VITRAKVI CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM LA PA | ZYKADIA TABS 150mg QL (84 tabs / 28 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 | PROTECTIVE AGENTS | | |
| VONJO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA | <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA | <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | 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 |
|--|----------------------------|--------|
| 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 |
| <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 (generic of LOTENSIN HCT)</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 (generic of VASERETIC)</i> | 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 tab 10-12.5 mg (generic of ZESTORETIC)</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i> | 1 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg</i> | 1 | |
| <i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 1 | |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|--------|
| <i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg | 1 | | <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL |
| <i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | | QL (30 tabs / 30 days) | | |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg | 1 | | <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) | 1 | QL |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | | QL (30 tabs / 30 days) | | |
| <i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg | 1 | | <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) | 1 | QL |
| KERENDIA TABS 10mg, 20mg | 2 | QL | QL (30 tabs / 30 days) | | |
| QL (30 tabs / 30 days) | | | <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) | 1 | QL |
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | 1 | | QL (30 tabs / 30 days) | | |
| ALPHA BLOCKERS | | | <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) | 1 | QL |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | 1 | | QL (30 tabs / 30 days) | | |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | 1 | | ENTRESTO CAP 6-6MG | 2 | QL |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | | QL (240 caps / 30 days) | | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | | ENTRESTO CAP 15-16MG | 2 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL | QL (240 caps / 30 days) | | |
| QL (30 tabs / 30 days) | | | ENTRESTO TAB 24-26MG | 2 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL | QL (60 tabs / 30 days) | | |
| QL (30 tabs / 30 days) | | | ENTRESTO TAB 49-51MG | 2 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1 | QL | QL (60 tabs / 30 days) | | |
| QL (30 tabs / 30 days) | | | ENTRESTO TAB 97-103MG | 2 | QL |
| | | | QL (60 tabs / 30 days) | | |
| | | | <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) | 1 | QL |
| | | | QL (60 tabs / 30 days) | | |
| | | | <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) | 1 | QL |
| | | | QL (30 tabs / 30 days) | | |
| | | | <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 | |

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>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL | <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL | <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL | <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN 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 | ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL | <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 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>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg 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 | <i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL | <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL | <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL | <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| | | | <i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| | | | <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | 1 | QL |
| | | | <i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days) | 1 | QL |

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 |
|---|----------------------------|--------|
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl</i> SOLN | 1 | |
| 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | | |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg | 3 | |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | 1 | NM |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg | 3 | |
| NORPACE CR CP12 100mg, 150mg | 3 | |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg | 1 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| <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 | |
| <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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| 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; TABS 1gm | 1 | |
| <i>colestipol hcl</i> PACK 5gm | 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 |
| <i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | 2 | QL |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | 2 | QL |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | 1 | QL |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) | 1 | PA |
| prevalite PACK 4gm | 1 | |
| prevalite (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 | |

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

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| CALCIUM CHANNEL BLOCKERS | | | DIURETICS | | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg | 1 | | <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg | 1 | |
| <i>amlodipine besylate</i> TABS 10mg | 1 | | <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 1 | |
| <i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | 1 | | <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 1 | | <i>amiloride hcl</i> TABS 5mg | 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | | <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg | 1 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 1 | | <i>bumetanide</i> (generic of BUMEX) TABS .5mg | 1 | |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | | <i>chlorthalidone</i> TABS 25mg, 50mg | 1 | |
| <i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | | <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml | 1 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 1 | | <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg | 1 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 1 | | <i>furosemide inj</i> SOLN 10mg/ml | 1 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | | <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg | 1 | | <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>nimodipine</i> CAPS 30mg | 1 | | <i>methazolamide</i> TABS 25mg, 50mg | 1 | |
| NYMALIZE SOLN 6mg/ml | 4 | NDS | <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>tiadytl er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | | <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 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> | 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 |
|---|----------------------------|--------------|
| 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>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days) | 1 | QL |
| <i>metyrosine</i> (generic of DEMSER) CAPS 250mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <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 | |
| 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>ambriasantan</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 (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 |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------|
| CENTRAL NERVOUS SYSTEM ANTI-ANXIETY | | | | | |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL | <i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger | 1 | PA |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | | <i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger | 1 | PA |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 1 | | NAMZARIC CAP 7-10MG | 3 | |
| <i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL | NAMZARIC CAP 14-10MG | 3 | |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml | 1 | | NAMZARIC CAP 21-10MG | 3 | |
| <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL | NAMZARIC CAP 28-10MG | 3 | |
| <i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL | NAMZARIC CAP PACK | 3 | |
| ANTIDEMENTIA | | | <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days) | 1 | QL |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days) | 1 | QL | <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days) | 1 | QL |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg | 1 | | ANTIDEPRESSANTS | | |
| <i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days) | 1 | QL | <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | |
| <i>donepezil hydrochloride</i> TBDP 10mg | 1 | | <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 2 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days) | 1 | QL | AUVELITY TAB 45-105MG QL (60 tabs / 30 days) | 3 | QL PA |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days) | 1 | QL | <i>bupropion hcl</i> TABS 75mg, 100mg | 1 | |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days) | 1 | QL | <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 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <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 | |
| <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 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days) | 3 | QL PA |
| <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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <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 | |
| <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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <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 |
| 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| <i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i> | 1 | |
| <i>entacapone</i> TABS 200mg | 1 | |
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | 4 | NDS QL NM LA PA |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 3 | |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 1 | |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days) | 1 | QL |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 1 | |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 1 | |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older | 2 | PA |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older | 1 | PA |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days) | 4 | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days) | 4 | NDS QL |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|-----------|
| <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 | |
| ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days) | 4 | NDS QL | <i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg | 1 | |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | NDS | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml | 1 | |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml | 1 | |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days) | 4 | NDS QL | <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | | INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days) | 4 | NDS QL |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg | 1 | | INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 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>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 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>clozapine</i> TBDP 12.5mg, 25mg | 1 | PA | <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| <i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days) | 1 | QL PA | <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 1 | QL |
| <i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days) | 1 | QL PA | <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days) | 1 | QL |
| <i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days) | 4 | NDS QL PA | <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| NUPLAZID CAPS 34mg QL (30 caps / 30 days) | 4 | NDS QL NM LA PA |
| NUPLAZID TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days) | 1 | QL |
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days) | 1 | QL |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days) | 4 | NDS QL |
| <i>pimozide</i> TABS 1mg, 2mg | 1 | |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days) | 1 | QL PA |
| REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days) | 4 | NDS QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days) | 4 | NDS QL |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days) | 1 | QL |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| <i>risperidone</i> TABS .25mg | 1 | |
| <i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days) | 1 | QL |
| <i>risperidone</i> TBP 4mg QL (120 tabs / 30 days) | 1 | QL |
| <i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days) | 1 | QL |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days) | 4 | NDS QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days) | 4 | NDS QL |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|--|----------------------------|-----------------|
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | | <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | | <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days) | 1 | QL PA |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | | <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days) | 1 | QL PA |
| VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days) | 4 | NDS QL PA | <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days) | 1 | QL |
| VRAYLAR CAPS 1.5mg QL (60 caps / 30 days) | 4 | NDS QL | <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days) | 4 | NDS QL | <i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days) | 1 | QL |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | 1 | QL | <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days) | 1 | QL | <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older | 1 | QL PA |
| ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days) | 4 | NDS QL NM PA | DIACOMIT CAPS 250mg QL (360 caps / 30 days) | 4 | NDS QL NM LA PA |
| ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days) | 4 | NDS QL NM PA | DIACOMIT CAPS 500mg QL (180 caps / 30 days) | 4 | NDS QL NM LA PA |
| ANTISEIZURE AGENTS | | | DIACOMIT PACK 250mg QL (360 packets / 30 days) | 4 | NDS QL NM LA PA |
| APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days) | 4 | NDS QL | DIACOMIT PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM LA PA |
| APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days) | 4 | NDS QL | <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 |
| BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days) | 4 | NDS QL PA | <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year | 1 | QL PA |
| BRIVIACT SOLN 50mg/5ml | 3 | PA | <i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg | 1 | |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days) | 4 | NDS QL PA | | | |
| <i>carbamazepine</i> CHEW 100mg | 1 | | | | |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg | 1 | | | | |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>diazepam inj</i> SOLN 5mg/ml | 1 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 1 | QL PA |
| QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year | | |
| DILANTIN CAPS 30mg, 100mg | 3 | |
| DILANTIN INFATABS CHEW 50mg | 3 | |
| DILANTIN-125 SUSP 125mg/5ml | 3 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | |
| EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days) | 4 | NDS QL NM LA PA |
| <i>epitol</i> (generic of TEGRETOL) TABS 200mg | 1 | |
| EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days) | 3 | QL PA |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | 1 | |
| <i>felbamate</i> SUSP 600mg/5ml | 4 | NDS |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg | 1 | |
| 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 |

| 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>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | 1 | QL |
| <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml | 1 | |
| <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days) | 1 | QL |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM) | 1 | | <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) | 1 | QL PA |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg | 3 | | <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) | 1 | QL PA |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg | 1 | | <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg | 1 | |
| NAYZILAM SOLN 5mg/0.1ml | 3 | | <i>primidone</i> TABS 125mg | 1 | |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | | <i>roweepra</i> (generic of KEPPRA) TABS 500mg | 1 | |
| <i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older | 3 | QL PA | <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older | 2 | QL PA | <i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days) | 1 | QL PA |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older | 3 | PA | <i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA |
| <i>phenytek</i> CAPS 200mg, 300mg | 1 | | SPRITAM TB3D 250mg QL (360 tabs / 30 days) | 3 | QL |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg | 1 | | SPRITAM TB3D 500mg QL (180 tabs / 30 days) | 3 | QL |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml | 1 | | SPRITAM TB3D 750mg QL (120 tabs / 30 days) | 3 | QL |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 1 | | SPRITAM TB3D 1000mg QL (90 tabs / 30 days) | 3 | QL |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg | 1 | | <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg | 1 | | SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days) | 4 | NDS QL PA |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 1 | QL PA | <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) | 1 | QL PA | <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | |
| | | | <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| | | | <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 1 | |
| | | | <i>valproic acid</i> CAPS 250mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 3 | |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 3 | |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 3 | |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 3 | |
| <i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM LA PA |
| <i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM LA PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM LA PA |
| XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI PAK 12.5-25 QL (28 tabs / 28 days) | 3 | QL |
| XCOPRI PAK 50-100MG QL (28 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 100-150 QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days) | 4 | NDS QL |
| ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | |
| <i>zonisamide</i> CAPS 50mg | 1 | |
| ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days) | 4 | NDS QL NM LA PA |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days) | 1 | QL |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days) | 1 | QL |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days) | 1 | QL |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older | 2 | QL PA |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older | 2 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| HYPNOTICS | | |
| DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |
| <i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days) | 1 | QL |
| <i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older | 1 | QL PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older | 1 | QL PA |
| <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 |
| MIGRAINE | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days) | 2 | QL NM PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 4 | NDS |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|--|----------------------------|--------------------|
| <i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days) | 4 | NDS QL PA | <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | 1 | QL |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days) | 1 | QL PA | UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days) | 2 | QL PA |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days) | 1 | QL | MISCELLANEOUS | | |
| NURTEC TBDP 75mg QL (16 tabs / 30 days) | 2 | QL PA | AUSTEDO TABS 6mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA |
| QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days) | 2 | QL PA | AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days) | 1 | QL | AUSTEDO XR TB24 6mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days) | 1 | QL | AUSTEDO XR TB24 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days) | 1 | QL | AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days) | 1 | QL | AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days) | 1 | QL | AUSTEDO XR TAB TITR KIT QL (2 packs / year) | 4 | NDS QL NM PA |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days) | 1 | QL | <i>lithium</i> SOLN 8meq/5ml | 1 | |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL | <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL | <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | 1 | |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL | NUEDEXTA CAP 20-10MG QL (60 caps / 30 days) | 3 | QL PA |
| | | | <i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg | 1 | |
| | | | <i>riluzole</i> TABS 50mg | 1 | |
| | | | <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | MULTIPLE SCLEROSIS AGENTS | | |
| | | | BAFIERTAM CPDR 95mg QL (120 caps / 30 days) | 4 | NDS QL NM LA PA |
| | | | BETASERON KIT .3mg QL (14 syringes / 28 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <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 |
| <i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| <i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 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 |
| KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year) | 4 | NDS QL NM LA PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i> baclofen</i> TABS 5mg QL (90 tabs / 30 days) | 1 | QL |
| <i> baclofen</i> TABS 10mg, 20mg | 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> dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg | 1 | |
| <i> dantrolene sodium</i> CAPS 50mg, 100mg | 1 | |
| <i> tizanidine hcl</i> TABS 2mg | 1 | |
| <i> tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg | 1 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i> armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i> armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i> modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i> modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days) | 1 | QL PA |
| SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM LA PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i> acamprosate calcium</i> TBEC 333mg | 1 | |
| <i> buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| <i> buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| <i> buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| <i> buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days) | 1 | QL |
| <i> buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days) | 1 | QL |
| <i> buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days) | 1 | QL |
| <i> bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days) | 1 | QL |
| <i> disulfiram</i> TABS 250mg, 500mg | 1 | |

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>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 1 | |
| <i>naltrexone hcl</i> TABS 50mg | 1 | |
| NICOTROL INHALER INHA 10mg | 3 | |
| NICOTROL NS SOLN 10mg/ml | 3 | |
| <i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days) | 1 | QL PA |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year) | 1 | QL PA |
| VIVITROL SUSR 380mg | 4 | NDS NM |
| ENDOCRINE AND METABOLIC ANDROGENS | | |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days) | 4 | NDS QL PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | 1 | QL PA |
| <i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days) | 1 | QL PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 1 | PA |
| ANTIDIABETICS | | |
| <i>acarbose</i> TABS 25mg, 50mg, 1 100mg | 1 | |
| 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 |
| <i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> TABS 10mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin hcl tab 5- 500 mg</i> QL (120 tabs / 30 days) | 1 | QL |
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 2 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 2 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 2 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------|
| JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 2 | QL | OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days) | 2 | QL PA |
| JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 2 | QL | OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days) | 2 | QL PA |
| JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 2 | QL | <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 2 | QL | <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL | <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days) | 2 | QL | <i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days) | 2 | QL | <i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days) | 1 | QL | RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days) | 2 | QL PA |
| <i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days) | 1 | QL | SYNJARDY TAB 5-500MG QL (120 tabs / 30 days) | 2 | QL |
| <i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days) | 1 | QL | SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL | SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days) | 2 | QL |
| <i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL | SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA | SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| <i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days) | 1 | QL | SYNJARDY XR TAB 10-1000 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 | SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days) | 2 | QL |
| | | | TRADJENTA TABS 5mg QL (30 tabs / 30 days) | 2 | QL |
| | | | TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|--|----------------------------|--------|
| TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days) | 2 | QL | LANTUS SOLN 100unit/ml | 2 | |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL | LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days) | 2 | QL | NOVOLIN INJ 70/30 (brand RELION not covered) | 2 | |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA | NOVOLIN INJ 70/30 FP (brand RELION not covered) | 2 | |
| XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL | NOVOLIN N SUSP 100unit/ml (brand RELION not covered) | 2 | |
| XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days) | 2 | QL | NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered) | 2 | |
| XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL | NOVOLIN R SOLN 100unit/ml (brand RELION not covered) | 2 | |
| XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days) | 2 | QL | NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered) | 2 | |
| XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days) | 2 | QL | NOVOLOG MIX INJ 70/30 (brand RELION not covered) | 2 | |
| ANTIDIABETICS, INSULINS | | | NOVOLOG MIX INJ FLEXPEN (brand RELION not covered) | 2 | |
| ADMELOG SOLN 100unit/ml | 2 | | OMNIPOD 5 G6 KIT INTRO QL (1 kit / year) | 3 | QL PA |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | | OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | | OMNIPOD 5 G7 KIT INTRO QL (1 kit / year) | 3 | QL PA |
| BD ALCOHOL SWABS | 2 | | OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| FIASP SOLN 100unit/ml | 2 | | OMNIPOD DASH KIT INTRO QL (1 kit / year) | 3 | QL PA |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | | OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| FIASP PENFILL SOCT 100unit/ml | 2 | | OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D | | | |
| GAUZE PADS 2" X 2" | 2 | | | | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml) | 4 | NDS B/D | | | |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 4 | NDS | | | |
| INSULIN PEN NEEDLES: BD/NOVO | 2 | | | | |
| INSULIN SAFETY NEEDLES | 2 | | | | |
| INSULIN SYRINGES: BD | 2 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD MIS CLASSIC QL (15 pods / 30 days) | 3 | QL PA |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | 2 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 2 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 2 | |
| V-GO 20 KIT QL (30 devices / 30 days) | 3 | QL PA |
| V-GO 30 KIT QL (30 devices / 30 days) | 3 | QL PA |
| V-GO 40 KIT QL (30 devices / 30 days) | 3 | QL PA |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | 2 | QL |
| CALCIUM REGULATORS | | |
| <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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <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 |
| XGEVA SOLN 120mg/1.7ml | 4 | NDS NM PA |
| <i>zoledronic acid</i> CONC 4mg/5ml | 1 | B/D NM |
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml | 1 | B/D NM |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 4 | NDS |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg | 1 | NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg | 4 | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 2 | |
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg | 4 | NDS NM |
| <i>sodium polystyrene sulfonate</i> <i>powder</i> | 1 | |
| <i>sps</i> SUSP 15gm/60ml | 1 | |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg | 4 | NDS NM PA |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 2 | |
| CONTRACEPTIVES | | |
| <i>afirmelle</i> | 1 | |
| <i>altavera</i> | 1 | |
| <i>alyacen 1/35</i> | 1 | |
| <i>alyacen 7/7/7</i> | 1 | |
| <i>apri</i> | 1 | |
| <i>aranelle</i> | 1 | |

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| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>aubra eq</i> | 1 |
| <i>aurovela 1/20</i> | 1 |
| <i>aurovela fe 1.5/30</i> | 1 |
| <i>aurovela fe 1/20</i> | 1 |
| <i>aviane</i> | 1 |
| <i>ayuna</i> | 1 |
| <i>azurette</i> | 1 |
| <i>balziva</i> | 1 |
| <i>blisovi fe 1.5/30</i> | 1 |
| <i>briellyn</i> | 1 |
| <i>camila TABS .35mg</i> | 1 |
| <i>chateal eq</i> | 1 |
| <i>cryselle-28</i> | 1 |
| <i>cyred eq</i> | 1 |
| <i>dasetta 1/35</i> | 1 |
| <i>dasetta 7/7/7</i> | 1 |
| <i>deblitane TABS .35mg</i> | 1 |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 3 |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1 |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i> | 1 |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i> | 1 |
| <i>elinest</i> | 1 |
| <i>eluryng (generic of NUVARING)</i> | 1 |
| <i>emzahh TABS .35mg</i> | 1 |
| <i>enilloring (generic of NUVARING)</i> | 1 |
| <i>enpresse-28</i> | 1 |
| <i>enskyce</i> | 1 |
| <i>errin TABS .35mg</i> | 1 |
| <i>estarylla</i> | 1 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i> | 1 |
| <i>falmina</i> | 1 |
| <i>hailey 1.5/30</i> | 1 |
| <i>haloette (generic of NUVARING)</i> | 1 |
| <i>heather TABS .35mg</i> | 1 |
| <i>iclevia</i> | 1 |
| <i>incassia TABS .35mg</i> | 1 |
| <i>introvale</i> | 1 |
| <i>isibloom</i> | 1 |
| <i>jasmiel (generic of YAZ)</i> | 1 |
| <i>jolessa</i> | 1 |
| <i>juleber</i> | 1 |
| <i>junel 1.5/30</i> | 1 |
| <i>junel 1/20</i> | 1 |
| <i>junel fe 1.5/30</i> | 1 |
| <i>junel fe 1/20</i> | 1 |
| <i>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 |

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| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>loryna</i> (generic of YAZ) | 1 |
| <i>low-ogestrel</i> | 1 |
| <i>lutra</i> | 1 |
| <i>lyleq</i> TABS .35mg | 1 |
| <i>lyza</i> TABS .35mg | 1 |
| <i>marlissa</i> | 1 |
| <i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 |
| <i>microgestin 1.5/30</i> | 1 |
| <i>microgestin 1/20</i> | 1 |
| <i>microgestin fe 1.5/30</i> | 1 |
| <i>microgestin fe 1/20</i> | 1 |
| <i>mili</i> | 1 |
| <i>mono-lynyah</i> | 1 |
| <i>necon 0.5/35-28</i> | 1 |
| <i>nikki</i> (generic of YAZ) | 1 |
| <i>nora-be</i> TABS .35mg | 1 |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | 1 |
| <i>norethindrone (contraceptive)</i> TABS .35mg | 1 |
| <i>norethindrone ac-ethinyl estrad-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</i> (generic of ORTHO TRI-CYCLEN LO) | 1 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 1 |
| <i>norlyroc</i> TABS .35mg | 1 |
| <i>nortrel 0.5/35 (28)</i> | 1 |
| <i>nortrel 1/35 (21)</i> | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <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</i> (generic of YASMIN 28) | 1 |
| <i>philith</i> | 1 |
| <i>pimtrea</i> | 1 |
| <i>portia-28</i> | 1 |
| <i>reclipsen</i> | 1 |
| <i>setlakin</i> | 1 |
| <i>sharobel</i> TABS .35mg | 1 |
| <i>simliya</i> | 1 |
| <i>sprintec 28</i> | 1 |
| <i>sronyx</i> | 1 |
| <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-lynyah</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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 | 1 | |
| SYNAREL SOLN 2mg/ml | 4 | NDS PA |
| ESTROGENS | | |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| <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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <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 |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml | 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 |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------------|--|----------------------------|--------------|
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml | 1 | B/D | <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg | 1 | |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D | <i>desmopressin acetate spray</i> SOLN .01% | 1 | |
| <i>prednisone</i> TBPk 5mg, 10mg | 1 | | <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 1 | |
| PREDNISON INTENSOL CONC 5mg/ml | 3 | B/D | FABRAZYME SOLR 5mg, 35mg | 4 | NDS NM LA PA |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | | GENOTROPIN CART 5mg, 12mg | 4 | NDS NM PA |
| GLUCOSE ELEVATING AGENTS | | | GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | NDS NM PA |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml | 4 | NDS | INCRELEX SOLN 40mg/4ml | 4 | NDS NM LA PA |
| GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | | <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM LA PA |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | | KORLYM TABS 300mg | 4 | NDS NM LA PA |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | | <i>lanreotide acetate</i> SOLN 120mg/0.5ml | 4 | NDS NM PA |
| MISCELLANEOUS | | | <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | 1 | B/D |
| ALDURAZYME SOLN 2.9mg/5ml | 4 | NDS NM LA PA | LUMIZYME SOLR 50mg | 4 | NDS NM LA PA |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE) | 4 | NDS NM LA | LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 4 | NDS NM PA |
| <i>cabergoline</i> TABS .5mg | 1 | | LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 4 | NDS NM PA |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg | 4 | NDS NM LA PA | LUPRON DEPOT-PED (6-MONTH KIT 45mg | 4 | NDS NM PA |
| CERDELGA CAPS 84mg | 4 | NDS NM LA PA | <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg | 4 | NDS NM PA |
| CEREZYME SOLR 400unit | 4 | NDS NM LA PA | <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM | NAGLAZYME SOLN 1mg/ml | 4 | NDS NM LA PA |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days) | 4 | NDS B/D QL NM | <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | 4 | NDS NM PA |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM LA PA | | | |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml | 4 | NDS | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <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 |
| <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>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 1000mg QL (90 tabs / 30 days) | 1 | QL |
| <i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 750mg QL (180 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days) | 1 | QL |
| <i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days) | 1 | QL |
| <i>sevelamer carbonate</i> (generic of RENVELA) 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 | |
| THYROID AGENTS | | |
| <i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| <i>levoxyol</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | | <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | 1 | |
| <i>lithyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | | <i>granisetron hcl</i> TABS 1mg | 1 | B/D |
| <i>methimazole</i> TABS 5mg, 10mg | 1 | | <i>meclizine hcl</i> TABS 12.5mg, 25mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 1 | | <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | | <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg | 1 | |
| <i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | | <i>ondansetron</i> TBDP 4mg, 8mg | 1 | B/D |
| VITAMIN D ANALOGS | | | <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg | 1 | B/D | <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| <i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml | 1 | B/D | <i>prochlorperazine</i> SUPP 25mg | 1 | |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 1 | B/D | <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 1 | |
| <i>paricalcitol</i> CAPS 4mcg | 1 | B/D | <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 1 | |
| RAYALDEE CPCR 30mcg | 4 | NDS | <i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older | 1 | PA |
| GASTROINTESTINAL ANTIEMETICS | | | <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older | 2 | PA |
| <i>aprepitant</i> CAPS 40mg, 125mg | 1 | B/D | <i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older | 3 | QL PA |
| <i>aprepitant</i> (generic of EMEND) CAPS 80mg | 1 | B/D | ANTISPASMODICS | | |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | B/D | <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg | 2 | |
| <i>compro</i> SUPP 25mg | 1 | | <i>dicyclomine hcl</i> SOLN 10mg/5ml | 3 | |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days) | 1 | B/D QL | <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 |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|---|----------------------------|-----------------|
| H2-RECEPTOR ANTAGONISTS | | | | | |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | 1 | | <i>enulose</i> SOLN 10gm/15ml | 1 | |
| <i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days) | 1 | QL | <i>gavilyte-c</i> | 1 | |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days) | 1 | QL | <i>gavilyte-g</i> (generic of GOLYTELY) | 1 | |
| <i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days) | 1 | QL | <i>generlac</i> SOLN 10gm/15ml | 1 | |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 1 | | <i>lactulose</i> SOLN 10gm/15ml | 1 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 1 | | <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 1 | |
| INFLAMMATORY BOWEL DISEASE | | | | | |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg | 1 | | <i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY) | 1 | |
| <i>budesonide</i> CPEP 3mg QL (90 caps / 30 days) | 1 | QL PA | <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA | PLENVU SOL | 3 | |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml | 1 | | <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT) | 1 | |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days) | 1 | QL | MISCELLANEOUS | | |
| <i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days) | 1 | QL | <i>alose tron hcl</i> (generic of LOTROXON) TABS .5mg, 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>mesalamine</i> ENEM 4gm | 1 | | <i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml | 1 | |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg | 1 | | <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml | 3 | |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days) | 1 | QL | <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL) | 2 | |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm | 1 | | GATTEX KIT 5mg | 4 | NDS NM LA PA |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg | 1 | | LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | 3 | QL |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 | QL | <i>loperamide hcl</i> CAPS 2mg | 1 | |
| LAXATIVES | | | <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg | 1 | |
| <i>constulose</i> SOLN 10gm/15ml | 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>sucralfate</i> (generic of CARAFATE) TABS 1gm | 1 | |
| <i>ursodiol</i> CAPS 300mg; 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 | |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg 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> 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 |
| MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days) | 3 | QL |
| MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days) | 3 | QL |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL |
| <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------------|
| <i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days) | 1 | QL ST | <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) TABS 1mg, 2mg QL (60 tabs / 30 days) | 1 | QL | HEP SOD/D5W INJ 20000UNT | 3 | |
| <i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days) | 1 | QL | HEP SOD/D5W INJ 25000UNT | 3 | |
| VAGINAL ANTI-INFECTIVES | | | HEP SOD/NAACL INJ 12500UNT | 2 | |
| <i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2% | 1 | | HEP SOD/NAACL INJ 25000UNT | 2 | |
| <i>metronidazole vaginal</i> GEL .75% | 1 | | <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 1 | | HEPARIN/NAACL INJ 25000UNT | 2 | |
| HEMATOLOGIC ANTICOAGULANTS | | | <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days) | 1 | QL | PRADAXA CAPS 110mg QL (120 caps / 30 days) | 3 | QL |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days) | 1 | QL | <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| ELIQUIS TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL | XARELTO SUSR 1mg/ml QL (620 mL / 30 days) | 2 | QL |
| ELIQUIS TABS 5mg QL (74 tabs / 30 days) | 2 | QL | XARELTO TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL |
| ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days) | 2 | QL | XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 2 | QL |
| <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | | XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days) | 2 | QL |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml | 1 | | 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| MISCELLANEOUS | | |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | 4 | NDS QL NM LA PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | 4 | NDS QL NM LA PA |
| <i>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>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm | 4 | NDS NM PA |
| <i>pentoxifylline</i> TBCR 400mg | 1 | |
| PROMACTA PACK 12.5mg QL (360 packets / 30 days) | 4 | NDS QL NM LA PA |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <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 |
| ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days) | 4 | NDS QL NM PA |
| ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|--------------------|
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA | REMICADE SOLR 100mg | 4 | NDS NM LA PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | 4 | NDS QL NM PA | RENFLEXIS SOLR 100mg | 4 | NDS NM LA PA |
| HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA | RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| HUMIRA PEN KIT PS/UV QL (3 pens / 28 days) | 4 | NDS QL NM PA | RINVOQ TB24 45mg QL (168 tabs / year) | 4 | NDS QL NM PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days) | 4 | NDS QL NM PA | RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/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 (12 vials / 365 days) | 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 |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year) | 4 | NDS QL NM PA | SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | 4 | NDS QL NM PA |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year) | 4 | NDS QL NM PA | STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM LA PA |
| INFLIXIMAB SOLR 100mg | 4 | NDS NM LA PA | STELARA SOLN 130mg/26ml | 4 | NDS NM LA PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days) | 4 | NDS QL NM PA | STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 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 | TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM LA PA |
| OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days) | 4 | NDS QL NM LA PA |
| OTEZLA TAB 10/20 QL (110 tabs / year) | 4 | NDS QL NM PA | TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20/30 QL (110 tabs / year) | 4 | NDS QL NM PA | TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| | | | XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA |
| | | | XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 3 | B/D |
| <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 | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS PA |
| 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 |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 100mcg/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 | 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> (immunosuppressant) (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 |
| <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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| 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 | | |
| ABRYVO SOLR 120mcg/0.5ml | 1 | |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO INJ | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| DENGVAXIA SUS | 1 | |
| DIP/TET PED INJ 25-5LFU | 1 | B/D |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 INJ | 1 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXCHIQ INJ | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENACTRA INJ | 1 | |
| MENQUADFI INJ | 1 | |
| MENVEO INJ | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 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 | |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES/MINERALS, | | |
| INJECTABLE | | |
| D2.5W/NACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D10W/NACL INJ 0.2% | 2 | |

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

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 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 |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|---------|
| 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) 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) 5mg/gm</i> | 1 | |
| <i>gatifloxacin (ophth) .5%</i> | 1 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 1 | |
| <i>moxifloxacin hcl (ophth) (generic of VIGAMOX) .5%</i> | 1 | |
| NATACYN SUSP 5% | 3 | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| <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) (generic of OCUFLOX) SOLN .3%</i> | 1 | |
| <i>polycin ophth oint</i> | 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | 1 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 1 | |
| <i>trifluridine SOLN 1%</i> | 1 | |
| XDEMVI SOLN .25% | 4 | NDS NM LA PA |
| ZIRGAN GEL .15% | 3 | |
| ANTI-INFLAMMATORIES | | |
| ALREX SUSP .2% | 2 | |
| <i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i> | 1 | |
| <i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i> | 1 | |
| BROMSITE SOLN .075% | 3 | |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i> | 1 | |
| <i>diclofenac sodium (ophth) SOLN .1%</i> | 1 | |
| EYSUVIS SUSP .25% | 3 | |
| FLAREX SUSP .1% | 3 | |
| <i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i> | 1 | |
| <i>flurbiprofen sodium SOLN .03%</i> | 1 | |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i> | 1 | |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i> | 1 | |

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

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| 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 |
| MIEBO SOLN 1.338gm/ml | 2 | |
| <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 | 2 | QL |
| QL (60 blisters / 30 days) | | |
| BEVESPI AER 9-4.8MCG | 2 | QL |
| QL (1 inhaler / 30 days) | | |
| BREZTRI AERO AER SPHERE | 2 | QL |
| QL (1 inhaler / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 2 | QL |
| QL (4 inhalers / 28 days) | | |
| COMBIVENT AER 20-100 | 3 | QL |
| QL (2 inhalers / 30 days) | | |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 2 | QL |
| QL (60 blisters / 30 days) | | |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 2 | QL |
| QL (60 blisters / 30 days) | | |
| ANTICHOLINERGICS | | |
| ATROVENT HFA AERS 17mcg/act | 3 | QL |
| QL (2 inhalers / 30 days) | | |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 2 | QL |
| QL (30 blisters / 30 days) | | |
| <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 5mg/5ml</i> | 1 | QL |
| QL (300 mL / 30 days) | | |
| <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> | 2 | PA |
| PA if 70 years and older | | |
| <i>diphenhydramine hcl SOLN 50mg/ml</i> | 1 | |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> | 3 | PA |
| PA if 70 years and older | | |
| <i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | 2 | PA |
| PA if 70 years and older | | |
| <i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg</i> | 2 | PA |
| PA if 70 years and older | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>hydroxyzine pamoate</i> CAPS 50mg PA if 70 years and older | 2 | PA |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| <i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| <i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg | 1 | |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |
| ARALAST NP SOLR 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 10mg/0.5ml, 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 |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | 4 | NDS QL NM LA PA |
| <i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml | 4 | NDS NM LA PA |
| 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 SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml | 4 | NDS NM LA PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | NDS NM LA PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| NASAL STEROIDS | | |
| <i>fluticasone (nasal)</i> SOLN .025% QL (3 bottles / 30 days) | 1 | QL |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days) | 1 | QL |
| XHANCE EXHU 93mcg/act QL (32 mL / 30 days) | 3 | QL PA |
| STEROID INHALANTS | | |
| ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days) | 3 | QL |
| ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days) | 2 | QL |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml | 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 |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|--------|
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL | <i>clindamycin phosphate (topical) SOLN 1%</i> QL (60 mL / 30 days) | 1 | QL |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL | <i>ery PADS 2%</i> QL (60 pledgets / 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>erythromycin (acne aid) (generic of ERYGEL) GEL 2%</i> QL (60 gm / 30 days) | 1 | QL |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL | <i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days) | 1 | QL |
| TOPICAL DERMATOLOGY, ACNE | | | <i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i> | 1 | PA |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA | <i>sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%</i> QL (118 mL / 30 days) | 1 | QL |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg | 1 | PA | <i>tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%</i> QL (45 gm / 30 days) | 1 | QL PA |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days) | 1 | QL | <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA | DERMATOLOGY, ANTIBIOTICS | | |
| <i>clindamycin phosphate (topical) GEL 1%</i> QL (75 gm / 30 days) | 1 | QL | <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> QL (30 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%</i> QL (75 gm / 30 days) | 1 | QL | <i>mupirocin OINT 2%</i> QL (220 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i> QL (60 mL / 30 days) | 1 | QL | <i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i> | 1 | |
| | | | <i>ssd (generic of SILVADENE) CREA 1%</i> | 1 | |
| | | | <i>SULFAMYLON CREA 85mg/gm</i> QL (453.6 gm / 30 days) | 3 | QL |
| | | | DERMATOLOGY, ANTIFUNGALS | | |
| | | | <i>ciclopirox olamine CREA .77%</i> QL (90 gm / 30 days) | 1 | QL |
| | | | <i>ciclopirox olamine SUSP .77%</i> QL (60 mL / 30 days) | 1 | QL |
| | | | <i>clotrimazole (topical) CREA 1%</i> QL (45 gm / 30 days) | 1 | QL |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|--------|
| <i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days) | 1 | QL | <i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days) | 1 | QL | <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days) | 1 | QL |
| <i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days) | 1 | QL | <i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <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>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 1 | PA | <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL |
| <i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days) | 1 | QL PA | <i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days) | 1 | QL |
| <i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days) | 1 | QL PA | <i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days) | 1 | QL |
| <i>calcitrene</i> OINT .005% QL (120 gm / 30 days) | 1 | QL PA | ENSTILAR AER QL (120 gm / 30 days) | 3 | QL PA |
| <i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days) | 1 | QL PA | <i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days) | 1 | QL |
| TAZORAC CREA .05% QL (60 gm / 30 days) | 3 | QL PA | <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days) | 1 | QL |
| DERMATOLOGY, ANTISEBORRHEICS | | | | | |
| <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 | | | | |

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>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days) | 1 | QL |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days) | 1 | QL |
| <i>fluocinolone acetonide</i> 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| <i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days) | 1 | QL PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days) | 1 | B/D QL |
| <i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| 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>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 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> 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 |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------------|
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days) | 1 | QL |
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 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>proctocort</i> CREA 1% | 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 |
| <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</i> (mouth-throat) (generic of PERIDEX) SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>kourzeq</i> PSTE .1% | 1 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 1 | |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml | 1 | |
| <i>perio gard</i> (generic of PERIDEX) SOLN .12% | 1 | |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg | 1 | |
| <i>triamcinolone acetonide</i> (mouth) PSTE .1% | 1 | |

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