

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.

- 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 1-888-996-0104, 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			etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg		
GOUT			<i>etodolac</i> (generic of LODINE) TABS 400mg		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>flurbiprofen</i> TABS 100mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	<i>ibu</i> TABS 600mg, 800mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>nabumetone</i> TABS 500mg, 750mg	1	
KRYSTEXXA SOLN 8mg/ml	4	NDS NM LA PA	<i>naproxen</i> TABS 250mg, 375mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
NSAIDS			<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL	<i>naproxen sodium</i> TABS 275mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1		<i>sulindac</i> TABS 150mg, 200mg	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1		OPIOID ANALGESICS, LONG-ACTING		
<i>diflunisal</i> TABS 500mg	1		BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL	BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 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>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	4	NDS QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	3	
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
ROXICODONE TABS 5mg QL (180 tabs / 30 days)	3	QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	4	NDS QL PA
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	4	NDS QL PA
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<i>albendazole</i> TABS 200mg	4	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	4	NDS NM LA PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate</i> <i>hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w</i> <i>iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w</i> <i>iv soln</i> 600 mg/50ml	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3		<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml</i>	4	NDS QL
CLINDMYC/NAC INJ 600/50ML	3		QL (1800 mL / 30 days)		
CLINDMYC/NAC INJ 900/50ML	3		<i>linezolid (generic of ZYVOX) TABS 600mg</i>	1	QL
<i>colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg</i>	1		QL (60 tabs / 30 days)		
DALVANCE SOLR 500mg	4	NDS	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>dapsone</i> TABS 25mg, 100mg	1		MEROP/NACL INJ 1GM/50ML	3	
DAPTOMYCIN SOLR 350mg	4	NDS	MEROP/NACL INJ 500/50ML	3	
<i>daptomycin (generic of DAPTOMYCIN) SOLR 350mg</i>	4	NDS	<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>daptomycin</i> SOLR 500mg	4	NDS	<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
EMVERM CHEW 100mg	4	NDS QL	<i>metronidazole (generic of FLAGYL) CAPS 375mg</i>	1	
QL (12 tabs / year)			<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>ertapenem sodium (generic of INVANZ) SOLR 1gm</i>	1		<i>metronidazole</i> TABS 250mg, 500mg	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL	<i>neomycin sulfate</i> TABS 500mg	1	
QL (1800 mL / 180 days)			<i>nitazoxanide (generic of ALINIA) TABS 500mg</i>	4	NDS QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	1		QL (6 tabs / 30 days)		
<i>gentamicin in saline inj 1 mg/ml</i>	1		<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1		<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1		ORBACTIV SOLR 400mg	4	NDS
<i>gentamicin in saline inj 2 mg/ml</i>	1		<i>paromomycin sulfate (generic of HUMATIN) CAPS 250mg</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1		<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1		<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1		<i>polymyxin b sulfate</i> SOLR 500000unit	1	
IMPAVIDO CAPS 50mg	4	NDS PA			
<i>ivermectin (generic of STROMECTOL) TABS 3mg</i>	1	QL PA			
QL (12 tabs / 90 days)					
KIMYRSA SOLR 1200mg	4	NDS			

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Drug Name	Drug Requirements/ Tier	Limits
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	4	NDS PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	4	NDS
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	4	NDS NM LA PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<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	
TRIMETHOPRIM TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml QL (1800 mL / 180 days)	3	QL
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	4	NDS NM
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	4	NDS QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml	4	NDS
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
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 186mg; SOLR 372mg	4	NDS PA
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine (generic of ANCOBON) CAPS 250mg, 500mg</i>	4	NDS PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1	
<i>itraconazole (generic of SPORANOX) CAPS 100mg</i>	1	PA
<i>itraconazole (generic of SPORANOX) SOLN 10mg/ml</i>	4	NDS
<i>ketoconazole TABS 200mg</i>	1	PA
<i>miconazole sodium SOLR 50mg</i>	4	NDS
<i>miconazole sodium (generic of MYCAMINE) SOLR 100mg</i>	4	NDS
<i>NOXAFIL SOLN 300mg/16.7ml</i>	4	NDS
<i>NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)</i>	4	NDS QL PA
<i>nystatin TABS 500000unit</i>	1	
<i>posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)</i>	4	NDS QL PA
<i>terbinafine hcl TABS 250mg QL (90 tabs / year)</i>	1	QL
<i>TOLSURA CAPS 65mg</i>	4	NDS PA
<i>voriconazole (generic of VFEND IV) SOLR 200mg</i>	4	NDS PA
<i>voriconazole (generic of VFEND) SUSR 40mg/ml</i>	4	NDS PA
<i>voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)</i>	1	QL PA
<i>voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)</i>	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	1	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl TABS 250mg</i>	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg</i>	1	
<i>quinine sulfate (generic of QUALAQUIN) CAPS 324mg</i>	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg</i>	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate CAPS 150mg</i>	1	NM
<i>atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg</i>	1	NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg</i>	1	NM
<i>emtricitabine (generic of EMTRIVA) CAPS 200mg</i>	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine (generic of INTELENCE) TABS 100mg, 200mg</i>	4	NDS NM
<i>fosamprenavir calcium (generic of LEXIVA) TABS 700mg</i>	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
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
<i>lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg</i>	1	NM
LEXIVA SUSP 50mg/ml	3	NM
<i>maraviroc (generic of SELZENTRY) TABS 150mg, 300mg</i>	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
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
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
<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</i> <i>tab 600-300 mg</i> (generic of EPZICOM)	1	NM

Drug Name	Drug Requirements/ Tier	Limits
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
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</i> <i>df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS 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</i> <i>150-300 mg</i> (generic of COMBIVIR)	1	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	Drug Name	Drug Requirements/ Tier	Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM	<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM	EPCLUSA PAK 150-37.5	4	NDS NM PA
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM	EPCLUSA PAK 200-50MG	4	NDS NM PA
ODEFSEY TAB	4	NDS NM	EPCLUSA TAB 200-50MG	4	NDS NM PA
PREZCOBIX TAB 800-150	4	NDS NM	EPCLUSA TAB 400-100	4	NDS NM PA
STRIBILD TAB	4	NDS NM	EPIVIR HBV SOLN 5mg/ml	3	NM
SYMTUZA TAB	4	NDS NM	<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
TRIUMEQ PD TAB	4	NDS NM	<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
TRIUMEQ TAB	4	NDS NM	GANCICLOVIR SOLN 500mg/10ml	3	B/D
TRIZIVIR TAB	4	NDS NM	<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
ANTITUBERCULAR AGENTS			HARVONI PAK 33.75-150MG	4	NDS NM PA
<i>cycloserine</i> CAPS 250mg	4	NDS	HARVONI PAK 45-200MG	4	NDS NM PA
<i>ethambutol hcl</i> TABS 100mg	1		HARVONI TAB 45-200MG	4	NDS NM PA
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1		HARVONI TAB 90-400MG	4	NDS NM PA
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1		<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
PASER PACK 4gm	3		LIVTENCITY TABS 200mg	4	NDS QL NM
PRETOMANID TABS 200mg	3		QL (112 tabs / 28 days)		LA PA
PRIFTIN TABS 150mg	3		MAVYRET PAK 50-20MG	4	NDS NM PA
<i>pyrazinamide</i> TABS 500mg	1		MAVYRET TAB 100-40MG	4	NDS NM PA
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg	1	QL
<i>rifampin</i> CAPS 150mg, 300mg	1		QL (168 caps / year)		
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg	1	QL
SIRTURO TABS 20mg, 100mg	4	NDS NM LA PA	QL (84 caps / year)		
TRECTOR TABS 250mg	3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml	1	QL
ANTIVIRALS			QL (1080 mL / year)		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1		PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	1		PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D	PREVYMIS TABS 240mg, 480mg	4	NDS QL PA
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	4	NDS NM	QL (28 tabs / 28 days)		
BARACLUDE SOLN .05mg/ml	4	NDS NM	RAPIVAB SOLN 200mg/20ml	4	NDS
<i>cidofovir</i> SOLN 75mg/ml	4	NDS			

Drug Name	Drug Requirements/ Tier	Limits
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	4	NDS QL PA
<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 PA
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFAZOLIN ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml	1	
<i>cefixime</i> (generic of SUPRAX) SUSR 200mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
FORTAZ SOLR 500mg	3	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> 1 for inj 3 (2-1) gm (generic of UNASYN)			<i>piperacillin sod-tazobactam na</i> 1 for inj 3.375 gm (3-0.375 gm)		
<i>ampicillin & sulbactam sodium</i> 1 for iv soln 1.5 (1-0.5) gm			<i>piperacillin sod-tazobactam</i> 1 sod for inj 2.25 gm (2-0.25 gm)		
<i>ampicillin & sulbactam sodium</i> 1 for iv soln 3 (2-1) gm			<i>piperacillin sod-tazobactam</i> 1 sod for inj 4.5 gm (4-0.5 gm)		
<i>ampicillin & sulbactam sodium</i> 1 for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)			<i>piperacillin sod-tazobactam</i> 1 sod for inj 13.5 gm (12-1.5 gm)		
<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg			<i>piperacillin sod-tazobactam</i> 1 sod for inj 40.5 gm (36-4.5 gm)		
BICILLIN C-R INJ 900/300	3		ZOSYN SOL 2-0.25GM	3	
BICILLIN C-R INJ 1200000	3		ZOSYN SOL 3-0.375G	3	
BICILLIN L-A SUSP	3		ZOSYN SOL 4-0.50GM	3	
2400000unit/4ml; SUSY			TETRACYCLINES		
600000unit/ml, 1200000unit/2ml			<i>demeclocycline hcl</i> TABS 1 150mg, 300mg		
<i>dicloxacillin sodium</i> CAPS 1 250mg, 500mg			<i>doxy 100</i> SOLR 100mg	1	
NAFCILLIN INJ 1GM/50ML	4	NDS	<i>doxycycline (monohydrate)</i> 1 CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg		
NAFCILLIN INJ 2GM/100	4	NDS	<i>doxycycline (monohydrate)</i> 1 (generic of VIBRAMYCIN) SUSR 25mg/5ml		
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1		<i>doxycycline hyclate</i> CAPS 1 50mg; SOLR 100mg; TABS 20mg, 100mg		
<i>nafcillin sodium</i> SOLR 10gm	4	NDS	<i>doxycycline hyclate (generic</i> 1 of VIBRAMYCIN) CAPS 100mg		
OXACILLIN INJ 1GM	3		<i>minocycline hcl</i> CAPS 50mg, 1 75mg; TABS 50mg, 75mg, 100mg		
OXACILLIN INJ 2GM	3		<i>minocycline hcl (generic of</i> 1 MINOCIN) CAPS 100mg		
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1		MINOLIRA TB24 105mg, 135mg	3	PA
PEN GK/DEXTR INJ	3		NUZYRA SOLR 100mg; TABs 150mg	4	NDS NM LA
PEN GK/DEXTR INJ	3		<i>tetracycline hcl</i> CAPS 250mg, 1 500mg		PA
PEN GK/DEXTR INJ	3		TIGECYCLINE SOLR 50mg	4	NDS
<i>penicillin g potassium</i> SOLR 1 5000000unit, 20000000unit			<i>tigecycline (generic of</i> 4 TYGACIL) SOLR 50mg		NDS
PENICILLIN G PROCAINE	3		VIBRAMYCIN SYRP	3	
SUSP 600000unit/ml			50mg/5ml		
<i>penicillin g sodium</i> SOLR 1 5000000unit					
<i>penicillin v potassium</i> SOLR 1 125mg/5ml, 250mg/5ml; TABs 250mg, 500mg					
<i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit					

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

Drug Name	Drug Requirements/ Tier	Limits
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS NM
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 40mg/2ml	4	NDS NM PA
<i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
INFUGEM SOL 1200MG	4	NDS B/D
INFUGEM SOL 1300MG	4	NDS B/D
INFUGEM SOL 1400MG	4	NDS B/D
INFUGEM SOL 1500MG	4	NDS B/D
INFUGEM SOL 1600MG	4	NDS B/D
INFUGEM SOL 1700MG	4	NDS B/D
INFUGEM SOL 1800MG	4	NDS B/D
INFUGEM SOL 1900MG	4	NDS B/D
INFUGEM SOL 2000MG	4	NDS B/D
INFUGEM SOL 2200MG	4	NDS B/D
INQOVI TAB 35-100MG	4	NDS NM LA PA
LONSURF TAB 15-6.14	4	NDS NM LA PA
LONSURF TAB 20-8.19	4	NDS NM LA PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	4	NDS NM 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	2	NM PA
EMCYT CAPS 140mg	4	NDS
ERLEADA TABS 60mg	4	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	4	NDS B/D NM
<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	4	NDS B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/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, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN TABS 500mg	4	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg	4	NDS NM LA PA
ORGOVYX TABS 120mg	4	NDS 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	4	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	4	NDS NM LA PA
YONSA TABS 125mg	4	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM LA PA
BESREMI SOSY 500mcg/ml	4	NDS NM LA PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	4	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	4	NDS NM LA PA
SYNRIBO SOLR 3.5mg	4	NDS NM PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
WELIREG TABS 40mg	4	NDS NM LA PA
MITOTIC INHIBITORS		
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	NDS B/D NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	4	NDS NM LA PA
ALIQOPA SOLR 60mg	4	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	NDS NM LA PA
ALUNBRIG PAK	4	NDS NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	4	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM LA PA
BELEODAQ SOLR 500mg	4	NDS NM LA PA
BESPONSA SOLR .9mg	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
BLENREP SOLR 100mg	4	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg	4	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	4	NDS NM PA
BRAFTOVI CAPS 75mg	4	NDS NM LA PA
BRUKINSA CAPS 80mg	4	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 100mg, 300mg	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	4	NDS NM LA PA
COMETRIQ KIT 100MG	4	NDS NM LA PA
COMETRIQ KIT 140MG	4	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	4	NDS NM LA PA
COTELLIC TABS 20mg	4	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM LA PA
DARZALEX SOL FASPRO	4	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	4	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM LA PA
ENHERTU SOLR 100mg	4	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg	4	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
EXKIVITY CAPS 40mg	4	NDS NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
GAVRETO CAPS 100mg	4	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS 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 LA 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

Drug Name	Drug Requirements/ Tier	Limits
<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 TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS 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	4	NDS NM LA PA
IRESSA TABS 250mg	4	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg, 25mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	4	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 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
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 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
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	4	NDS NM LA PA
LUMAKRAS TABS 120mg	4	NDS NM LA PA
LUMOXITI SOLR 1mg	4	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
MARGENZA SOLN 250mg/10ml	4	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	4	NDS NM LA PA
MEKTOVI TABS 15mg	4	NDS NM LA PA
MONJUVI SOLR 200mg	4	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
MYLOTARG SOLR 4.5mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NERLYNX TABS 40mg	4	NDS NM LA PA	RYBREVA NT SOLN 350mg/7ml	4	NDS NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	RYDAPT CAPS 25mg	4	NDS NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM LA PA
ODOMZO CAPS 200mg	4	NDS NM LA PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg	4	NDS NM LA PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
OGIVRI INJ 420MG	4	NDS NM LA PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA	SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM LA PA	STIVARGA TABS 40mg	4	NDS NM LA PA
OPDUALAG SOL	4	NDS NM LA PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM LA PA	TABRECTA TABS 150mg, 200mg	4	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NDS NM LA PA	TAFINLAR CAPS 50mg, 75mg	4	NDS NM LA PA
PERJETA SOLN 420mg/14ml	4	NDS NM LA PA	TAGRIS SO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PHESGO SOL	4	NDS NM LA PA	TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NDS NM PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
PIQRAY 250MG TAB DOSE	4	NDS NM PA	TASIGNA CAPS 50mg, 150mg, 200mg	4	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NDS NM PA	TAZVERIK TABS 200mg	4	NDS NM LA PA
POLIVY SOLR 30mg, 140mg	4	NDS NM LA PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	4	NDS NM LA PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
POTELIGEO SOLN 20mg/5ml	4	NDS NM LA PA	TEPMETKO TABS 225mg	4	NDS NM LA PA
QINLOCK TABS 50mg	4	NDS NM LA PA	TIBSOVO TABS 250mg	4	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	4	NDS NM LA PA	TIVDAK SOLR 40mg	4	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	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
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM LA PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	4	NDS NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	4	NDS NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	4	NDS NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	4	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg	4	NDS NM LA PA
TURALIO CAPS 200mg	4	NDS NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	NDS NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg	4	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	4	NDS NM LA PA
XOSPATA TABS 40mg	4	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZELBORAF TABS 240mg	4	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
ZOLINZA CAPS 100mg	4	NDS NM PA
ZYDELIG TABS 100mg, 150mg	4	NDS NM LA PA
ZYKADIA TABS 150mg	4	NDS NM LA PA
ZYNLONTA SOLR 10mg	4	NDS NM LA PA
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
KHAPZORY SOLR 175mg, 300mg	4	NDS B/D NM LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml	1	B/D NM
<i>levoleucovorin calcium</i> SOLR 50mg	4	NDS B/D NM
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</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	1	
<i>trandolapril-verapamil hcl tab 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1		<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1		<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1		<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1		<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
QBRELIS SOLN 1mg/ml	4	NDS	<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>trandolapril</i> TABS 1mg, 2mg	1		<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg</i> (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	1		<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
ALDOSTERONE RECEPTOR ANTAGONISTS			<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
CAROSPIR SUSP 25mg/5ml	3		EDARBYCLOR TAB 40-12.5	3	QL
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1		QL (30 tabs / 30 days)		
KERENDIA TABS 10mg, 20mg	2	QL	EDARBYCLOR TAB 40- 25MG	3	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		ENTRESTO TAB 24-26MG	2	
ALPHA BLOCKERS					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1				
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1				
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1				
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL			

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
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
EXFORGE HCT TAB 5-160- 12.5MG	3	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 5-160- 25MG	3	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-160- 12.5MG	3	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-160- 25MG	3	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-320- 25MG	3	QL
QL (30 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide</i> <i>tab 150-12.5 mg</i> (generic of AVALIDE)	1	QL
QL (60 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide</i> <i>tab 300-12.5 mg</i> (generic of AVALIDE)	1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-</i> <i>12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i> (generic of HYZAAR)	1	
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-</i> <i>12.5 mg</i> (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25</i> <i>mg</i> (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>25 mg</i> (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>25 mg</i> (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 40-</i> <i>5 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 40-</i> <i>10 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 80-</i> <i>5 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 80-</i> <i>10 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-</i> <i>hydrochlorothiazide tab 40-</i> <i>12.5 mg</i> (generic of MICARDIS HCT)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM LA PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
EZETIMIBE/ROSUVASTATIN TAB 10-5MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
EZETIMIBE/ROSUVASTATIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM LA PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg QL (60 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap</i> <i>1 gm (generic of LOVAZA)</i>	1	PA
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
ROSZET TAB 5-10MG QL (30 tabs / 30 days)	3	QL
ROSZET TAB 10-10MG QL (30 tabs / 30 days)	3	QL
ROSZET TAB 20-10MG QL (30 tabs / 30 days)	3	QL
ROSZET TAB 40-10MG QL (30 tabs / 30 days)	3	QL
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> <i>50-25 mg (generic of</i> <i>TENORETIC 50)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol & chlorthalidone tab</i> <i>100-25 mg (generic of</i> <i>TENORETIC 100)</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg (generic of ZIAC)</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg (generic of ZIAC)</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg (generic of ZIAC)</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> (generic of COREG) TABs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABs 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol tartrate</i> SOLN	1		<i>diltiazem hcl extended release</i>	1	
5mg/5ml; TABS 25mg, 37.5mg, 75mg			<i>beads</i> (generic of TIAZAC)		
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1		CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg		
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg, 80mg	1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1		<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1		KATERZIA SUSP 1mg/ml	3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1		<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>propranolol hcl</i> SOLN	1		<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg			NICARDIPINE SOL 20/200ML	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1		NICARDIPINE SOL 40/200ML	3	
CALCIUM CHANNEL BLOCKERS			<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
CARDIZEM LA TB24 120mg	3		<i>nimodipine</i> CAPS 30mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1		<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		NYMALIZE SOLN 6mg/ml	4	NDS
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		<i>taztia xt</i> (generic of TIAZAC)	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		CP24 120mg, 180mg, 240mg, 300mg, 360mg		
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>tiadyt er</i> (generic of TIAZAC)	1	
			CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg		
			<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
			<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
			<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
			DIURETICS		
			<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
			ALDACTAZIDE TAB 50/50	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>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl TABS 5mg</i>	1	
<i>bumetanide SOLN .25mg/ml; TABS 1mg, 2mg</i>	1	
<i>bumetanide (generic of BUMEX) TABS .5mg</i>	1	
<i>chlorthalidone TABS 25mg, 50mg</i>	1	
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynic acid (generic of EDECRIN) TABS 25mg</i>	1	
<i>furosemide SOLN 8mg/ml, 10mg/ml</i>	1	
<i>furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg</i>	1	
<i>furosemide inj SOLN 10mg/ml</i>	1	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide TABS 1.25mg, 2.5mg</i>	1	
KEVEYIS TABS 50mg	4	NDS NM LA PA
<i>methazolamide TABS 25mg, 50mg</i>	1	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	1	
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	1	
THALITONE TABS 15mg	3	
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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; TABS 5mg, 7.5mg	3	
<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	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>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metyrosine</i> CAPS 250mg	4	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	NDS NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	4	NDS NM PA
<i>ambriasantan</i> (generic of LETAIRIS) TABS 5mg, 10mg	4	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	4	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	4	NDS B/D NM LA
OPSUMIT TABS 10mg	4	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	4	NDS NM PA
TRACLEER TBSO 32mg	4	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
TYVASO SOLN .6mg/ml	4	NDS NM LA PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	NDS NM LA PA
UPTRAVI TAB 200/800	4	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	1	QL PA
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> (generic of KILONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>clonazepam</i> TDBP 2mg QL (300 tabs / 30 days)	1	QL	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
<i>clonazepam</i> TDBP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	<i>ethosuximide</i> CAPS 250mg	1	
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA	<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	1	
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA	<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA	FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA	FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
<i>diazepam inj</i> SOLN 5mg/ml	1		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
DILANTIN CAPS 30mg, 100mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
DILANTIN INFATABS CHEW 50mg	3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
			<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lacosamide oral</i> (generic of LACOSAMIDE) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL ODT KIT BLUE	3		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL ODT KIT GREEN	3		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR KIT	3		NAYZILAM SOLN 5mg/0.1ml	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		OXTELLAR XR TB24 150mg, 300mg	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		OXTELLAR XR TB24 600mg	4	NDS
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	3	PA
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBP 25mg, 50mg, 100mg, 200mg	1		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1		PHENYTEK CAPS 200mg, 300mg	3	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
			<i>phenytoin sodium</i> SOLN 50mg/ml	1	
			<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1		<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA	<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	<i>valproic acid</i> CAPS 250mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA	VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	<i>vigabatrin</i> (generic of SABRIL) 4 PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	<i>vigabatrin</i> (generic of SABRIL) 4 TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		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

Drug Name	Drug Requirements/ Tier	Limits
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
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg, 10mg	1	
galantamine hydrobromide (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
galantamine hydrobromide SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
memantine hcl (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
memantine hcl SOLN 2mg/ml PA if < 30 yrs	1	PA
memantine hcl (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
citalopram hydrobromide SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	PA
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
doxepin hcl CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
duloxetine hcl CPEP 40mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA
FETZIMA CAP TITRATIO	3	PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
MARPLAN TABS 10mg	3	
<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) TBP 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	3	PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA if 70 years and older	2	PA
PEXEVA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
PEXEVA TABS 30mg QL (60 tabs / 30 days)	3	QL
<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	
SPRAVATO SOL 56MG DOS	4	NDS NM LA PA
SPRAVATO SOL 84MG DOS	4	NDS NM LA PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD KIT STARTER	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> (generic of STALEVO 125)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
DUOPA SUS 4.63-20	4	NDS B/D NM LA
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	4	NDS QL NM PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM LA PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	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; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	

Drug Name	Drug Requirements/ Tier	Limits
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
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
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	NDS QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	4	NDS QL PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK	3	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1		<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1		<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1		<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL	<i>pimozide</i> TABS 1mg, 2mg	1	
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	<i>risperidone</i> TABS .25mg	1	
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 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
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
VRAYLAR CAP 1.5-3MG	3	
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA	DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	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>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA	<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	1	QL PA
			<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	METHYLPHENIDATE HYDROCHLO TBCR 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RELEXXII TBCR 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
			VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
			VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
			<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
			<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
			<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM LA PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
<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>temazepam</i> (generic of RESTORIL) CAPS 22.5mg QL (30 caps / 30 days) PA if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	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
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	1	QL PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL	ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA	<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL	<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL	<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL	MISCELLANEOUS		
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL	ENSPRYNG SOSY 120mg/ml	4	NDS NM LA PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL	EQUETRO CP12 100mg, 200mg, 300mg	3	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL	EVRYSDI SOLR .75mg/ml	4	NDS NM LA PA
			EXSERVAN FILM 50mg QL (60 films / 30 days)	4	NDS QL NM LA PA
			FIRDAPSE TABS 10mg	4	NDS NM LA PA
			GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
			GRALISE TABS 600mg QL (90 tabs / 30 days)	3	QL PA
			HORIZANT TBCR 300mg, 600mg	3	PA

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

Drug Name	Drug Requirements/ Tier	Limits
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	4	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NDS NM LA PA
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK	3	PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM LA PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
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
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	4	NDS NM PA
GILENYA CAPS .5mg QL (28 caps / 28 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

Drug Name	Drug Requirements/ Tier	Limits
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs in lifetime)	4	NDS QL NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs in lifetime)	4	NDS QL NM LA PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
MAYZENT STARTER PACK (12) TBPK .25mg	4	NDS NM LA PA
OCREVUS SOLN 300mg/10ml	4	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM LA PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
PLEGRIDY INJ STARTER QL (2 syringes / 28 days)	4	NDS QL NM LA PA
PLEGRIDY PEN INJ STARTER QL (2 pens / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PONVORY TAB STARTER	4	NDS NM LA PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
ZEPOSIA 7DAY CAP STR PACK	4	NDS NM LA PA
ZEPOSIA CAP STR KIT	4	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
<i>metaxalone</i> (generic of SKELAXIN) TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>methocarbamol</i> TABS 500mg, 750mg PA if 70 years and older	2	PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>vanadom</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM LA PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM LA PA
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

Drug Name	Drug Requirements/ Tier	Limits
<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	1	
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> (generic of NARCAN) LIQD 4mg/0.1ml	1	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	1	PA
VIVITROL SUSR 380mg	4	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	3	NM LA PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	1	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	1	QL PA
testosterone GEL 1% QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL
QL (30 tabs / 30 days)		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG	2	QL
QL (120 tabs / 30 days)		
SYNJARDY TAB 5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-500	2	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 10-1000	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 12.5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 25-1000	2	QL
QL (30 tabs / 30 days)		
TRADJENTA TABS 5mg	2	QL
QL (30 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL
QL (60 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL
QL (30 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL
QL (60 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL
QL (30 tabs / 30 days)		
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL
QL (4 pens / 28 days)		
VICTOZA SOPN 18mg/3ml	2	QL
QL (3 pens / 30 days)		
XIGDUO XR TAB 2.5-1000	2	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
XIGDUO XR TAB 5-500MG	2	QL
QL (60 tabs / 30 days)		
XIGDUO XR TAB 5-1000MG	2	QL
QL (60 tabs / 30 days)		
XIGDUO XR TAB 10-500MG	2	QL
QL (30 tabs / 30 days)		
XIGDUO XR TAB 10-1000	2	QL
QL (30 tabs / 30 days)		
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BD ALCOHOL SWABS	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN PEN NEEDLES: BD/NOVO	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES: BD	2	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	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	

Drug Name	Drug Requirements/ Tier	Limits
V-GO 20 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
BINOSTO TBEF 70mg	3	ST
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS NM LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	4	NDS NM PA
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	4	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml	4	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM LA PA
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> CAPS 250mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i> (generic of SEASONIQUE)	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i> (generic of MIRCETTE)	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i> (generic of SEASONIQUE)	1	
<i>camrese lo</i> (generic of LOSEASONIQUE)	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i> (generic of SEASONIQUE)	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth</i> <i>estrاد tab 0.15-0.02/0.01</i> <i>mg(21/5)</i> (generic of MIRCETTE)	1	
<i>desogestrel & ethinyl estradiol</i> <i>tab 0.15 mg-30 mcg</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</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
ELLA TABS 30mg	2
<i>eluryng (generic of NUVARING)</i>	1
<i>emoquette</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
errin TABS .35mg	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
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>femynor</i>	1
<i>gemmily (generic of TAYTULLA)</i>	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</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>junel fe 24</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>kaitlib fe (generic of GENERESS FE)</i>	1
<i>kariva (generic of MIRCETTE)</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>larissia</i>	1
<i>layolis fe (generic of GENERESS FE)</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg (generic of QUARTETTE)</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)</i>	1
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</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>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>lillow</i>	1
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1

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

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>taysofy</i> (generic of TAYTULLA)	1		DELESTROGEN OIL 10mg/ml	3	
<i>tilia fe</i>	1		DEPO-ESTRADIOL OIL 5mg/ml	3	
<i>tri-estarylla</i>	1		DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>tri-legest fe</i>	1		<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>tri-linyah</i>	1		ELESTRIN GEL .06%	3	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>tri-mili</i>	1		<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	
<i>tri-nymyo</i>	1		<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>tri-sprintec</i>	1		<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>tri-vylibra</i>	1		<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1		ESTRING RING 2mg	3	
<i>trivora-28</i>	1		ESTROGEL GEL .06%	3	
TYBLUME CHW 0.1-0.02	3		FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>tydemy</i> (generic of SAFYRAL)	1		<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>velivet</i>	1		<i>fyavolv tab 1mg-5mcg</i>	2	
<i>vestura</i> (generic of YAZ)	1		IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
<i>vienva</i>	1		IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>viorele</i> (generic of MIRCETTE)	1		<i>jinteli</i>	2	
<i>vyfemla</i>	1				
<i>vylibra</i>	1				
<i>wera</i>	1				
<i>wymzya fe</i>	1				
<i>xulane</i>	1				
<i>zafemy</i>	1				
<i>zovia 1/35</i>	1				
<i>zumandimine</i> (generic of YASMIN 28)	1				
ENDOMETRIOSIS					
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1				
ORLISSA TABS 150mg, 200mg	4	NDS PA			
SYNAREL SOLN 2mg/ml	4	NDS			
ESTROGENS					
<i>amabelz</i>	2				

Drug Name	Drug Requirements/ Tier	Limits
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	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	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
DEPO-MEDROL SUSP 20mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	

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

Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM LA PA
CEREZYME SOLR 400unit	4	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg	4	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM LA PA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
EGRIFTA SV SOLR 2mg	4	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM LA PA
ELELYSO SOLR 200unit	4	NDS NM LA PA
FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
FENSOLVI KIT 45mg	4	NDS NM LA PA
GALAFOLD CAPS 123mg	4	NDS NM LA PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	4	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM LA PA
JYNARQUE PAK 30-15MG	4	NDS NM LA PA
JYNARQUE PAK 45-15MG	4	NDS NM LA PA
JYNARQUE PAK 60-30MG	4	NDS NM LA PA
JYNARQUE PAK 90-30MG	4	NDS NM LA PA
KANUMA SOLN 20mg/10ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM LA PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM LA PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
NEXVIAZYME SOLR 100mg	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM LA PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 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
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM LA PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ORIAHNN CAP	4	NDS PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM LA PA
RECORLEV TABS 150mg	4	NDS NM LA PA
REVCovi SOLN 2.4mg/1.5ml	4	NDS NM LA PA
SAIZEN SOLR 5mg, 8.8mg	4	NDS NM LA PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	4	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	4	NDS NM LA PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM LA PA
<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
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TEPEZZA SOLR 500mg	4	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM LA PA
VPRIV SOLR 400unit	4	NDS NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
ZORBTIVE SOLR 8.8mg	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	
PHOSLYRA SOLN 667mg/5ml	3	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm, 2.4gm	4	NDS
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg	1	
<i>sevelamer hcl</i> TABS 400mg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	4	NDS
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3		<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
VITAMIN D ANALOGS			EMEND SUSR 125mg/5ml	4	NDS B/D
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D	<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D	GIMOTI SOLN 15mg/act	4	NDS PA
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
RAYALDEE CPCR 30mcg	4	NDS	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
GASTROINTESTINAL ANTIEMETICS			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
AKYNZEO CAP 300-0.5	3	B/D	METOCLOPRAMIDE ODT TBDP 10mg	3	
AKYNZEO INJ 235-0.25	3	NM	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
AKYNZEO INJ 235- 0.25MG/20ML	3	NM	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
BONJESTA TAB 20-20MG	3		<i>prochlorperazine</i> SUPP 25mg	1	
CINVANTI EMUL 130mg/18ml	3		<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>compro</i> SUPP 25mg	1		<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3		<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
			<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	4	NDS B/D QL
VARUBI TBPk 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
ORTIKOS CP24 6mg, 9mg QL (30 caps / 30 days)	4	NDS QL PA
PENTASA CPR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPR 500mg QL (240 caps / 30 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml	4	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
LAXATIVES		
CLENPIQ SOL	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>amoxicillin cap-clarithro tab- lansopraz cap dr therapy pack</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM LA PA
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
GATTEX KIT 5mg	4	NDS NM LA PA
HELIDAC MIS THERAPY	4	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	4	NDS NM LA PA
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
OALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	4	NDS PA
SUCRAID SOLN 8500unit/ml	4	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
VIBERZI TABS 75mg, 100mg	4	NDS PA
VOQUEZNA PAK DUAL PAK QL (2 boxes / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 boxes / year)	3	QL
XERMELO TABS 250mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
NEXIUM PACK 2.5mg, 5mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	3	PA
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
INTRAROSA INST 6.5mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GELNIQUE GEL 10%	3	ST
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS
FRAGMIN SOSY 2500unit/0.2ml	3	
HEP SOD/D5W INJ 20000UNT	1	

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Drug Name	Drug Requirements/ Tier	Limits
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/DEXT INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM LA PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	4	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM 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
CABLIVI KIT 11mg	4	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	4	NDS NM LA PA
ENDARI PACK 5gm	4	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM LA PA
GIVLAARI SOLN 189mg/ml	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM LA PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
OXBRYTA TABS 500mg; TBSO 300mg	4	NDS NM LA 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
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM LA PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM LA PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM LA PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TAKHZYRO SOSY 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TAVNEOS CAPS 10mg	4	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM LA PA
AVSOLA SOLR 100mg	4	NDS NM LA PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM LA 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; SOLR 25mg QL (16 vials / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	RENFLEXIS SOLR 100mg	4	NDS NM LA PA
ENTYVIO SOLR 300mg	4	NDS NM LA PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	4	NDS QL NM PA	RINVOQ TB24 45mg QL (112 tabs / year)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
HUMIRA PEDIA INJ CROHNS	4	NDS NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	NDS NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV	4	NDS NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	NDS NM PA	<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	NDS NM PA	HYDROXYCHLOROQUINE SULFAT TABS 100mg, 300mg, 400mg	3	
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	NDS NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
			<i>methotrexate sodium</i> TABS 2.5mg	1	
			TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
			XATMEP SOLN 2.5mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMMUNOGLOBULINS					
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM LA PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM LA PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
CYTOGAM INJ 50mg/ml	4	NDS NM	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA	IMMUNOMODULATORS		
GAMASTAN INJ	3	B/D NM LA	ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	ARCALYST SOLR 220mg	4	NDS NM LA PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA	GRASTEK SUBL 2800bau	3	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA	ILARIS SOLN 150mg/ml	4	NDS NM LA PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM LA PA	INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	4	NDS B/D NM LA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	ODACTRA SUB	3	PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	NDS NM LA PA	ORALAIR SUB 300 IR	3	NM LA PA
HYQVIA INJ 2.5-200	4	NDS NM LA PA	RAGWITEK SUBL 12amba1- u	3	PA
HYQVIA INJ 5-400	4	NDS NM LA PA	VYVGART SOLN 400mg/20ml	4	NDS NM LA PA
HYQVIA INJ 10-800	4	NDS NM LA PA	IMMUNOSUPPRESSANTS		
HYQVIA INJ 20-1600	4	NDS NM LA PA	ASTAGRAF XL CP24 5mg	4	NDS B/D NM
HYQVIA INJ 30-2400	4	NDS NM LA PA	ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
			ATGAM INJ 50mg/ml	4	NDS B/D
			azasan TABS 75mg, 100mg	1	B/D
			azathioprine (generic of IMURAN) TABS 50mg	1	B/D
			azathioprine TABS 75mg, 100mg	1	B/D
			BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
LUPKYNIS CAPS 7.9mg	4	NDS NM LA PA
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	4	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM LA PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE SOLR 50mg	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DENG VAXIA SUS	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOLE INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PREHEVBRIO SUSP 10mcg/ml	2	B/D
PRIORIX INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
TDVAX INJ 2-2 LF	2	B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
TENIVAC INJ 5-2LF	2	B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
TRUMENBA INJ	2		<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
TWINRIX INJ	2		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2		KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2		<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
VARIVAX INJ 1350pfu/0.5ml	2		<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
YF-VAX INJ	2		KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE			KCL/D5W/LACT INJ 20MEQ/L	3	
D2.5W/NACL INJ 0.45%	3		KCL/D5W/NACL INJ 0.3/0.9% <i>lactated ringer's solution</i>	3	1
D5W/LYTES INJ #48	3		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
D10W/NACL INJ 0.2%	2		<i>magnesium sulfate (generic of MAGNESIUM SULFATE)</i>	2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	1		SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>dextrose 5% in lactated ringers</i>	1		<i>magnesium sulfate SOLN 50%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	1		MG SO4/D5W INJ 10MG/ML	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1		PLASMA-LYTE INJ -148	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1		PLASMA-LYTE INJ -A	3	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1		<i>potassium chloride SOLN 2meq/ml</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1				
ISOLYTE-P INJ /D5W	3				
ISOLYTE-S INJ	3				
ISOLYTE-S INJ PH 7.4	3				

Drug Name	Drug Requirements/ Tier	Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 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	
PRENATAL VIT TAB LOW IRON	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
FREAMINE III INJ 10%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<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	
PRED-G S.O.P OIN OP	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	

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>bacitracin (ophthalmic)</i> OINT	1		<i>dexamethasone sodium phosphate (ophth)</i> SOLN	1	.1%
500unit/gm			<i>diclofenac sodium (ophth)</i> SOLN	1	.1%
<i>bacitracin-polymyxin b ophth oint</i>	1		<i>difluprednate (generic of DUREZOL)</i> EMUL	1	.05%
BESIVANCE SUSP	2	.6%	FLAREX SUSP	3	.1%
CILOXAN OINT	2	.3%	<i>fluorometholone (ophth)</i> SUSP	1	.1%
<i>ciprofloxacin hcl (ophth)</i> SOLN	1	.3%	<i>flurbiprofen sodium</i> SOLN	1	.03%
<i>erythromycin (ophth)</i> OINT	1	5mg/gm	FML OINT	3	.1%
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID) SOLN	1	.5%	FML FORTE SUSP	3	.25%
<i>gentak</i> OINT	1	.3%	ILEVRO SUSP	2	.3%
<i>gentamicin sulfate (ophth)</i> SOLN	1	.3%	INVELTYS SUSP	3	1%
<i>levofloxacin (ophth)</i> SOLN	1	.5%	<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN	1	.4%
<i>moxifloxacin hcl (ophth)</i> SOLN	1	.5%	<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN	1	.5%
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN	1	.5%	LOTEMAX OINT	2	.5%
NATACYN SUSP	3	5%	LOTEMAX SM GEL	3	.38%
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1		<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL	1	.5%; SUSP .5%
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1		MAXIDEX SUSP	3	.1%
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN	1	.3%	NEVANAC SUSP	3	.1%
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1		PRED MILD SUSP	3	.12%
<i>sulfacetamide sodium (ophth)</i> OINT	1	10%; SOLN 10%	<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP	1	1%
<i>tobramycin (ophth)</i> SOLN	1	.3%	PREDNISOLONE SODIUM PHOSP SOLN	2	1%
TOBREX OINT	3	.3%	PROLENSA SOLN	2	.07%
<i>trifluridine</i> SOLN	1	1%	XIPERE SUSP	3	40mg/ml
ZIRGAN GEL	3	.15%	YUTIQ IMPL	4	.18mg
ANTI-INFLAMMATORIES			ANTIALLERGICS		
ACUVAIL SOLN	3	.45%	<i>azelastine hcl (ophth)</i> SOLN	1	.05%
ALREX SUSP	2	.2%	<i>bepotastine besilate</i> (generic of BEPREVE) SOLN	1	1.5%
<i>bromfenac sodium (ophth)</i> SOLN	1	.09%	<i>cromolyn sodium (ophth)</i> SOLN	1	4%
BROMSITE SOLN	3	.075%	<i>epinastine hcl (ophth)</i> SOLN	1	.05%

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Drug Name	Drug Requirements/ Tier	Limits
<i>olopatadine hcl</i> SOLN .1%, .2%	1	
ZERVIAE SOLN .24%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 <i>mg/ml pf</i> (generic of COSOPT PF)	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 <i>mg/ml</i> (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC OCUDOSE) SOLN .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5%	1	
TIMOPTIC OCUDOSE SOLN .25%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> (generic of ATROPINE SULFATE) SOLN 1%	1	
BEOVU SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM LA PA
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM LA PA
ISOPTO ATROPINE SOLN 1%	2	
LACRISERT INST 5mg	3	
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	4	NDS NM LA PA
OXERVATE SOLN .002%	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM LA PA
VABYSMO SOLN 6mg/0.05ml	4	NDS NM LA PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin hcl (otic) SOLN</i> .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>flac (generic of DERMOTIC) OIL</i> .01%	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL</i> .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN</i> .3%	1	
OTOVEL DRO	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide SOLN</i> .02%	1	B/D
<i>ipratropium bromide (nasal) SOLN</i> .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i> QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN</i> .1%, .15%	1	
<i>cetirizine hcl SOLN</i> 1mg/ml	1	
<i>cyproheptadine hcl SYRP</i> 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>desloratadine (generic of CLARINEX) TABS</i> 5mg	1	
<i>desloratadine TBP</i> 2.5mg, 5mg	1	
<i>diphenhydramine hcl SOLN</i> 50mg/ml	1	
<i>hydroxyzine hcl SOLN</i> 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl SYRP</i> 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA

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

Drug Name	Drug Requirements/ Tier	Limits
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
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 500mg, 1000mg	4	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
ELIXOPHYLLIN ELIX 80mg/15ml	4	NDS
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine</i> (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	

Drug Name	Drug Requirements/ Tier	Limits
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM LA PA
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM LA PA
KALYDECO PACK 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 100-125 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
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
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL ST
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL	<i>adapalene</i> (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days)	1	QL PA
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL	ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL	<i>adapalene-benzoyl peroxide</i> <i>gel 0.1-2.5%</i> (generic of EPIDUO)	1	
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL	<i>adapalene-benzoyl peroxide</i> <i>gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
STEROID/BETA-AGONIST COMBINATIONS			AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL	ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL	<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL	AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL	ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL	<i>avita</i> (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL	<i>avita</i> GEL .025% QL (45 gm / 30 days)	1	QL PA
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL	AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL	<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL	<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL	<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE			<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days)	1	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>clindamycin phosphate</i> (topical) (generic of EVOCLIN) FOAM 1%	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL	<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL	<i>neuac gel 1.2-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL	ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL	RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	4	NDS QL PA
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL	RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	4	NDS QL PA
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA) QL (60 gm / 30 days)	1	QL	TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA	<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA	<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	1	QL	WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL	<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL	DERMATOLOGY, ANTIBIOTICS		
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA	ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	CENTANY OINT 2% QL (220 gm / 30 days)	3	QL
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA	<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
			<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5% QL (5 packets / 30 days)	1	QL
			<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
			<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
			<i>ssd</i> (generic of SILVADENE) CREA 1%	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
SULFAMYLDON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> (generic of LOPROX) CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	1	QL
<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i> QL (30 mL / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
<i>ketconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
MENTAX CREA 1% QL (30 gm / 30 days)	3	QL
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1%; GEL 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> FOAM .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (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	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> LOTN .1%	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL	<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05%	1	QL
QL (120 gm / 30 days)			QL (100 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL	<i>clodan</i> (generic of CLOBEX) SHAM .05%	1	QL
QL (120 mL / 30 days)			QL (118 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%	1	QL	<i>desonide</i> (generic of DESOWEN) CREA .05%	1	QL
QL (120 gm / 30 days)			QL (60 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL	<i>desonide</i> LOTN .05%	1	QL
QL (120 mL / 30 days)			QL (118 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1	QL	<i>desonide</i> OINT .05%	1	QL
QL (120 gm / 30 days)			QL (60 gm / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1	QL
QL (120 gm / 30 days)			QL (100 mL / 30 days)		
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12%	1	QL	DUOBRII LOT	4	NDS QL PA
QL (120 gm / 30 days)			QL (200 gm / 28 days)		
<i>betamethasone valerate</i> LOTN .1%	1	QL	ENSTILAR AER	3	QL PA
QL (120 mL / 30 days)			QL (120 gm / 30 days)		
CAPEX SHAM .01%	3		EPIFOAM AER 1%	3	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL	<i>fluocinolone acetonide</i> CREA .01%	1	QL
QL (60 gm / 30 days)			QL (60 gm / 30 days)		
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05%	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	QL
QL (100 gm / 30 days)			QL (120 gm / 30 days)		
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%	1	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	1	QL
QL (125 mL / 30 days)			QL (118.28 mL / 30 days)		
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05%	1	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	1	QL
QL (118 mL / 30 days)			QL (118.28 mL / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01%	1	QL
QL (50 mL / 30 days)			QL (90 mL / 30 days)		
<i>clobetasol propionate e</i> CREA .05%	1	QL	<i>fluocinonide</i> CREA .05%	1	QL
QL (60 gm / 30 days)			QL (120 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL
QL (60 gm / 30 days)		
<i>fluocinonide</i> SOLN .05%	1	QL
QL (60 mL / 30 days)		
<i>fluocinonide emulsified base</i> CREA .05%	1	QL
QL (120 gm / 30 days)		
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05%	1	QL
QL (120 mL / 30 days)		
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL
QL (50 gm / 30 days)		
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate</i> SOLN .1%	1	QL
QL (60 mL / 30 days)		
IMPEKLO LOTN .15mg/act	3	QL
QL (68 gm / 30 days)		
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	4	NDS QL
QL (80 gm / 30 days)		
<i>prednicarbate</i> OINT .1%	1	
<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	QL
QL (100 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL
QL (454 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL PA
QL (60 mL / 30 days)		
<i>lidocaine</i> OINT 5%	1	QL PA
QL (50 gm / 30 days)		
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%		
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<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%	3	

Drug Name	Drug Requirements/ Tier	Limits
RHOFADE CREA 1% QL (60 gm / 30 days)	3	QL
<i>rosadan</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGGRANEX 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>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	

Drug Name	Drug Requirements/ Tier	Limits
<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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<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	20	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11	<i>amphetamine-dextroamphetamine tab 20 mg</i>	38
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<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	21	<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	60	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	38	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	12
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	38	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	12
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	38	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	12
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	38	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	12
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	38	<i>ampicillin sodium</i>	12
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ARAVA		<i>see candesartan cilexetil-</i>		<i>aurovela 1/20</i>	50
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