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SilverScript (EGWP) Employer PDP for MHBP Consumer Option (SilverScript (EGWP))

2025 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 05/27/2025. For more recent information or other questions, please contact Customer Care at 1-833-825-6755, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of May 27, 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the SilverScript (EGWP) Formulary?

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

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

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

Please contact Customer Care for any questions regarding your additional benefits. Customer Care also has free language interpreter services available for non-English speakers.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript (EGWP) may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: Caremark.com.

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript (EGWP) Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of May 27, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to the SilverScript (EGWP) Formulary?

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

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

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

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

Cost-Sharing Tier 4: Specialty (High Cost)

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

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

	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$8.00	\$15.00	\$8.00
Tier 2: Preferred Brand	\$45.00	\$70.00	\$45.00
Tier 3: Non-Preferred Brand	\$70.00	\$110.00	\$70.00
Tier 4: Specialty (High Cost)	25% of total cost Maximum \$225.00	25% of total cost Maximum \$425.00	25% of total cost Maximum \$225.00

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Costs shown in the table above reflect the additional coverage that may be provided by MHPB. Drugs that are part of your standard Medicare plan, but do not have additional coverage from MHPB would be covered under the 2025 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2025-Medicare-Part-D-Outlook.php> for more information about the 2025 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript (EGWP)'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 (EGWP) has any special requirements for coverage of your drug.

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- 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.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1		NSAIDS		
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	ARTHROTEC 50 TAB	3	
ALOPRIM SOLR 500mg	4	NDS	ARTHROTEC 75 TAB	3	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL	CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	COMBOGESIC INJ 300-1000	3	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	DAYPRO TABS 600mg	3	
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA	<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>probenecid</i> TABS 500mg	1		<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
ULORIC TABS 40mg, 80mg	3	PA	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
MISCELLANEOUS					
<i>acetaminophen</i> SOLN 10mg/ml	1		<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
<i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D	<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
DURACLON SOLN 100mcg/ml	3	B/D	<i>diflunisal</i> TABS 500mg	1	
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA	DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>fenoprofen calcium</i> CAPS 400mg QL (240 caps / 30 days)	1	QL PA
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D			
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D			

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

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>fenoprofen calcium</i> TABS 600mg	1	QL PA QL (150 tabs / 30 days)	<i>naproxen</i> TABS 250mg, 375mg	1	
FENOPRON CAPS 300mg	4	NDS QL PA QL (240 caps / 30 days)	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>flurbiprofen</i> TABS 100mg	1		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1	QL QL (120 tabs / 30 days)
<i>ibu</i> TABS 400mg, 600mg, 800mg	1		<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg	1	QL QL (90 tabs / 30 days)
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1		<i>naproxen sodium</i> TABS 275mg	1	
<i>ibuprofen-famotidine</i> tab 800-26.6 mg (generic of DUEXIS)	1	QL PA QL (90 tabs / 30 days)	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>ketoprofen</i> CAPS 25mg	4	NDS QL PA QL (120 caps / 30 days)	<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg	1	QL PA QL (120 tabs / 30 days)
<i>ketoprofen</i> CAPS 50mg	4	NDS QL PA QL (180 caps / 30 days)	<i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg	1	QL PA QL (90 tabs / 30 days)
<i>ketoprofen</i> CP24 200mg	1	QL PA QL (30 caps / 30 days)	<i>naproxen sodium</i> (generic of NAPRELAN) TB24 750mg	1	QL PA QL (60 tabs / 30 days)
<i>ketorolac tromethamine</i> TABS 10mg	1	QL PA QL (20 tabs / 30 days) PA applies if 70 years and older	<i>naproxen-esomeprazole</i> magnesiu tab dr 375-20 mg	4	NDS QL PA QL (60 tabs / 30 days)
<i>kiprofen</i> CAPS 25mg	4	NDS QL PA QL (120 caps / 30 days)	<i>naproxen-esomeprazole</i> magnesiu tab dr 500-20 mg	4	NDS QL PA (generic of VIMOVO) QL (60 tabs / 30 days)
<i>lofena</i> TABS 25mg	4	NDS QL PA QL (120 tabs / 30 days)	<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1		<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>mefenamic acid</i> CAPS 250mg	1		<i>RELAFEN</i> DS TABS 1000mg	4	NDS PA
<i>meloxicam</i> CAPS 5mg, 10mg	1	QL PA QL (30 caps / 30 days)	<i>SPRIX</i> SOLN 15.75mg/spray	4	NDS QL NM QL (5 bottles / 30 days) PA
<i>meloxicam</i> TABS 7.5mg, 15mg	1		<i>sulindac</i> TABS 150mg, 200mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1		<i>tolectin 600</i> TABS 600mg	4	NDS QL PA QL (90 tabs / 30 days)
<i>NALFON</i> TABS 600mg	3	QL PA QL (150 tabs / 30 days)	<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
<i>NAPRELAN</i> TB24 375mg	4	NDS QL PA QL (120 tabs / 30 days)	VIMOVO TAB 375-20MG	4	NDS QL PA QL (60 tabs / 30 days)
<i>NAPRELAN</i> TB24 500mg	4	NDS QL PA QL (90 tabs / 30 days)	VIMOVO TAB 500-20MG	4	NDS QL PA QL (60 tabs / 30 days)
<i>NAPRELAN</i> TB24 750mg	4	NDS QL PA QL (60 tabs / 30 days)	<i>ZIPSOR</i> CAPS 25mg	4	NDS QL PA QL (120 caps / 30 days)
<i>naproxen</i> SUSP 125mg/5ml	1	QL PA QL (1800 mL / 30 days)			

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL PA
Drugs Name		
levorphanol tartrate TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	4	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	4	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	4	NDS QL PA
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA

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

Drug Name	Drug Requirements/ Tier Limits	
oxymorphone hcl TB12 30mg, 40mg QL (60 tabs / 30 days)	4	NDS QL PA
tramadol hcl CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 27mg, 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier Limits	
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
endocet tab 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen soln 10-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 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
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	4	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL PA
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
oxycodone w/ acetaminophen soln 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOSET) QL (240 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
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL PA
PROLATE SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
tramadol hcl SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
tramadol hcl TABS 25mg QL (120 tabs / 30 days)	1	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	1	QL
tramadol hcl TABS 75mg QL (150 tabs / 30 days)	1	QL
tramadol hcl TABS 100mg QL (120 tabs / 30 days)	1	QL PA
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
trezix	1	QL
QL (300 caps / 30 days)		
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	4	NDS QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	4	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	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
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg		
COLY-MYCIN M SOLR 150mg	3	
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
<i>daptomycin</i> SOLR 500mg	4	NDS
DARAPRIM TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	4	NDS PA
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate (generic of HIPREX)</i> TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
NITROFURANTOIN SUSP 50mg/5ml	4	NDS PA	TOBI PODHALER CAPS 28mg	4	NDS NM PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2		<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2		<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
ORBACTIV SOLR 400mg	4	NDS	<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
PENTAM 300 SOLR 300mg	3		<i>tobramycin sulfate</i> SOLR 1.2gm	4	NDS PA
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D	<i>trimethoprim</i> TABS 100mg	1	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1		VABOMERE INJ 2GM(1-1)	4	NDS
polymyxin b sulfate SOLR 500000unit	1		VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
praziquantel TABS 600mg	1		VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
PRIMAXIN IV INJ 500MG	3		VANCOMYC/D5W INJ 1.5/300	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA	VANCOMYC/D5W INJ 1.25/250	3	
RECARBRIQ INJ 1.25GM	4	NDS	VANCOMYCIN SOLN 2000mg/400ml	3	
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS	<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
SOLOSEC PACK 2gm	3		<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS	<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1	
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA	<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
sulfadiazine TABS 500mg	4	NDS	<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1	QL
sulfamethoxazole- <i>trimethoprim iv soln</i> 400-80 mg/5ml	1		QL (1800 mL / 180 days)		
sulfamethoxazole- <i>trimethoprim susp</i> 200-40 mg/5ml	1				
sulfamethoxazole- <i>trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1				
sulfamethoxazole- <i>trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1				
tinidazole TABS 250mg, 500mg	1				
TOBI NEBU 300mg/5ml	4	NDS NM PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
VANCOMYCIN INJ 1 GM	3		<i>fluconazole</i> in nacl 0.9% inj 200 mg/100ml	1	
VANCOMYCIN INJ 500MG	3		<i>fluconazole</i> in nacl 0.9% inj 400 mg/200ml	1	
VANCOMYCIN INJ 750MG	3		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
VIBATIV SOLR 750mg	4	NDS	<i>fulvicin p/g</i> 165 TABS 165mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
ZEMDRI SOLN 500mg/10ml	4	NDS	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS	<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
ANTIFUNGALS					
ABELCET SUSP 5mg/ml	3	B/D	<i>ketoconazole</i> TABS 200mg	1	PA
AMBISOME SUSR 50mg	4	NDS B/D	MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D	MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
ANCOBON CAPS 250mg, 500mg	4	NDS PA	MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
CANCIDAS SOLR 50mg, 70mg	4	NDS	MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS	MYCAMINE SOLR 50mg, 100mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1		NOXAFL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA	NOXAFL SOLN 300mg/16.7ml	4	NDS
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3		NOXAFL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
ERAXIS SOLR 50mg	3		NOXAFL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
ERAXIS SOLR 100mg	4	NDS	<i>nystatin</i> TABS 500000unit	1	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1		<i>posaconazole</i> (generic of NOXAFL) SOLN 300mg/16.7ml	4	NDS

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg	3	PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
ANTIRETROVIRAL AGENTS		
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
efavirenz TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM

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Drug Name	Drug Requirements/ Tier Limits	
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TBPK 300mg	4	NDS NM
tenofovir disoproxil fumarate (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
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier Limits	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
lamivudine-zidovudine tab 150-300 mg	1	NM

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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>	1	NM	BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	1	NM	<i>cidofovir</i> SOLN 75mg/ml	1	
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	1	NM	<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
ODEFSEY TAB	4	NDS NM	EPCLUS USA PAK 150-37.5	4	NDS NM PA
PREZCOBIX TAB 800-150	4	NDS NM	EPCLUS USA PAK 200-50MG	4	NDS NM PA
STRIBILD TAB	4	NDS NM	EPCLUS USA TAB 200-50MG	4	NDS NM PA
SYMFI LO TAB	4	NDS NM	EPCLUS USA TAB 400-100	4	NDS NM PA
SYMFI TAB	4	NDS NM	<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
SYMTUZA TAB	4	NDS NM	<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
TRIUMEQ PD TAB	2	NM	GANCICLOVIR SOLN 500mg/10ml	3	B/D
TRIUMEQ TAB	4	NDS NM	<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
TRUVADA TAB 100-150	4	NDS NM	HARVONI PAK 33.75-150MG	4	NDS NM PA
TRUVADA TAB 133-200	4	NDS NM	HARVONI PAK 45-200MG	4	NDS NM PA
TRUVADA TAB 167-250	4	NDS NM	HARVONI TAB 45-200MG	4	NDS NM PA
TRUVADA TAB 200-300	4	NDS NM	HARVONI TAB 90-400MG	4	NDS NM PA
ANTITUBERCULAR AGENTS					
cycloserine CAPS 250mg	4	NDS	<i>lamivudine (hbv)</i> TABS 100mg	1	NM
ethambutol hcl TABS 100mg, 400mg	1		LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1		MAVYRET PAK 50-20MG	4	NDS NM PA
MYCOBUTIN CAPS 150mg	4	NDS	MAVYRET TAB 100-40MG	4	NDS NM PA
PRETOMANID TABS 200mg	3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg	1	QL
PRIFTIN TABS 150mg	3		QL (168 caps / year)		
pyrazinamide TABS 500mg	1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg	1	QL
rifabutin CAPS 150mg	1		QL (84 caps / year)		
RIFADIN SOLR 600mg	4	NDS	<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml	1	QL
rifampin CAPS 150mg, 300mg	1		QL (1080 mL / year)		
rifampin (generic of RIFADIN) SOLR 600mg	1		PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
SIRTURO TABS 20mg, 100mg	4	NDS NM PA	PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
TRECATOR TABS 250mg	3		PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
ANTIVIRALS					
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1				
acyclovir sodium SOLN 50mg/ml	1	B/D			
adefovir dipivoxil TABS 10mg	1	NM			
BARACLUDE SOLN .05mg/ml	4	NDS NM ST			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	4	NDS
valganciclovir hcl (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
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
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefeprizine</i> hcl SOLR 1gm, 2gm	1	
CEFEPIIME/DEX INJ 1GM	3	
CEFEPIIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
ceprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
<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	

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

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS					
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1		AUGMENTIN SUS ES-600	3	
AMOXICILLIN SUSR 400mg/5ml	3		AUGMENTIN TAB 500MG	3	
amoxicillin (generic of AMOXICILLIN) SUSR 400mg/5ml	1		BICILLIN C-R INJ 900/300	3	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1		BICILLIN C-R INJ 1200000	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1		dicloxacillin sodium CAPS 250mg, 500mg	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES- 600)	1		NAFCILLIN INJ 2GM/100	4	NDS
amoxicillin & k clavulanate tab 250-125 mg	1		nafcillin sodium SOLR 1gm, 2gm	1	
amoxicillin & k clavulanate tab 500-125 mg	1		nafcillin sodium SOLR 10gm	4	NDS
amoxicillin & k clavulanate tab 875-125 mg	1		OXACILLIN INJ 2GM	3	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1		oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
ampicillin CAPS 500mg	1		PEN GK/DEXTR INJ 20000/ML	3	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	1		PEN GK/DEXTR INJ 40000/ML	3	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	1		PEN GK/DEXTR INJ 60000/ML	3	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1		penicillin g potassium SOLR 5000000unit, 20000000unit	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1		penicillin g sodium SOLR 5000000unit	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1		penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ampicillin sodium SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1		pfizerpen SOLR 5000000unit, 20000000unit	1	
AUGMENTIN SUS 125/5ML	3		piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
			piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
			piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
			piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
			piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
			UNASYN INJ 1.5GM	3	
			UNASYN INJ 3GM	3	

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Drug Name	Drug Requirements/ Tier	Limits
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
DORYX MPC TBEC 60mg	3	PA
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i>	1	
CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg		
<i>doxycycline (monohydrate)</i>	1	PA
CAPS 75mg, 150mg		
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	PA
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	PA
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA
targadox TABS 50mg	1	PA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	NDS PA
TIGECYCLINE SOLR 50mg	4	NDS
<i>tigecycline (generic of</i> TYGACIL) SOLR 50mg	4	NDS
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM	PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	NDS B/D			
ZEPZELCA SOLR 4mg	4	NDS NM PA	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D			
ANTIMETABOLITES								
ALIMTA SOLR 100mg, 500mg	4	NDS B/D	<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D			
AXTLE SOLR 100mg, 500mg <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM	PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D			
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D	<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA			
<i>decitabine</i> SOLR 50mg <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	4	NDS B/D NM	PURIXAN SUSP 2000mg/100ml	4	NDS NM			
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D	TABLOID TABS 40mg	4	NDS			
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA	VIDAZA SUSR 100mg	4	NDS B/D NM			
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D	HORMONAL ANTINEOPLASTIC AGENTS					
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA			
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA			
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	4	NDS QL NM PA	AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA			
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM PA	AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA			
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM PA	<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1				
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM	ARIMIDEX TABS 1mg	4	NDS			
<i>mercaptopurine</i> TABS 50mg	1		AROMASIN TABS 25mg	4	NDS			
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D	<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1				
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM PA	CASODEX TABS 50mg	4	NDS			
			ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA			
			ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA			
			ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA			
			EULEXIN CAPS 125mg	4	NDS			
			<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1				
			FARESTON TABS 60mg	4	NDS PA			
			FASLODEX SOSY 250mg/5ml	4	NDS B/D			
			FEMARA TABS 2.5mg	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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FIRMAGON SOLR 80mg	3	NM PA	ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA	ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D	ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1		IMMUNOMODULATORS		
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA	<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA	<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA	POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA	REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA	REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA	THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
LYSODREN TABS 500mg	4	NDS NM	THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA
<i>megestrol acetate</i> TABS 20mg, 40mg	2		THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM PA
NILANDRON TABS 150mg	4	NDS	MISCELLANEOUS		
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS	ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA	BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
ORGOVYX TABS 120mg	4	NDS NM PA	<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA	<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM PA	CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
SOLTAMOX SOLN 10mg/5ml	4	NDS	<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1		DOXIL SUSP 2mg/ml	4	NDS B/D
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA			
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA			
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM PA			
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM PA			
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA			
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWLFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<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
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	4	NDS NM PA
TARGETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinooin</i> (chemotherapy) CAPS 10mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
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
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 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 PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
<i>paclitaxel inj</i> 100mg (generic of ABRAXANE)	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits		
AFINITOR DISPERZ TBSO 2mg	4	NDS QL NM PA	
QL (150 tabs / 30 days)			
AFINITOR DISPERZ TBSO 3mg	4	NDS QL NM PA	
QL (90 tabs / 30 days)			
AFINITOR DISPERZ TBSO 5mg	4	NDS QL NM PA	
QL (60 tabs / 30 days)			
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA	
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA	
ALUNBRIG TABS 90mg, 180mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
ALUNBRIG PAK	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM	
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA	
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA	
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA	
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA	
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA	
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA	
BELEODAQ SOLR 500mg	4	NDS NM PA	
BESPONSA SOLR .9mg	4	NDS NM PA	
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA	
bortezomib (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA	
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA	
BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA	

Drug Name	Drug Requirements/ Tier Limits		
BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA	
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	
BOSULIF TABS 400mg, 500mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA	
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA	
CABOMETYX TABS 20mg, 40mg, 60mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA	
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA	
COMETRIQ (60MG DOSE) KIT 20mg	4	NDS QL NM PA	
QL (84 caps / 28 days)			
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA	
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA	
COPIKTRA CAPS 15mg, 25mg	4	NDS QL NM PA	
QL (56 caps / 28 days)			
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA	
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	
DANZITEN TABS 71mg, 95mg	4	NDS QL NM PA	
QL (112 tabs / 28 days)			
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA	
DARZALEX SOL FASPRO dasatinib (generic of SPRYCEL) TABS 20mg	4	NDS NM PA NDS QL NM PA	
QL (90 tabs / 30 days)			

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Drug Name	Drug Requirements/ Tier Limits
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4 NDS QL NM PA
DATROWAY SOLR 100mg	4 NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4 NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4 NDS NM PA
EMPLICITI SOLR 300mg, 400mg	4 NDS NM PA
ENHERTU SOLR 100mg	4 NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4 NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4 NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4 NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4 NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4 NDS QL NM PA
FYARRO SUSR 100mg	4 NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4 NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4 NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4 NDS QL NM PA
GILOTrif TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4 NDS QL NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4 NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4 NDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4 NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4 NDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4 NDS QL NM PA
HERCEP HYLEC SOL 60-10000	4 NDS NM PA
HERCEPTIN SOLR 150mg	4 NDS NM PA
HERZUMA SOLR 150mg, 420mg	4 NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4 NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4 NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4 NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>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 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		
IMBRUICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA	
IMBRUICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA	
IMBRUICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA	
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA	
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA	
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA	
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA	
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA	
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA	
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA	
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA	
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM	
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA	
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA	
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA	
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA	

Drug Name	Drug Requirements/ Tier Limits		
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA	
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA	
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA	
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA	
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA	
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA	
KYPROLIS SOLR 10mg, 30mg, 60mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS NM PA NDS QL NM PA	
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA	
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA	
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA	
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA	
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA	
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA	
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA	
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
LIBTAYO SOLN 350mg/7ml	4 NDS NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4 NDS QL NM PA
LOQTORZI SOLN 240mg/6ml	4 NDS NM PA	OGIVRI SOLR 150mg, 420mg	4 NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4 NDS QL NM PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4 NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4 NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4 NDS QL NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4 NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4 NDS QL NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	4 NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4 NDS QL NM PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4 NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4 NDS NM PA	ONTRUZANT SOLR 150mg, 420mg	4 NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4 NDS QL NM PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4 NDS NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4 NDS QL NM PA	OPDIVO INJ QVANTIG	4 NDS NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4 NDS QL NM PA	OPDUALAG SOL	4 NDS NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4 NDS QL NM PA	PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4 NDS NM PA PA
MARGENZA SOLN 250mg/10ml	4 NDS NM PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4 NDS QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4 NDS QL NM PA	PERJETA SOLN 420mg/14ml	4 NDS NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4 NDS QL NM PA	PHESGO SOL	4 NDS NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4 NDS QL NM PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4 NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4 NDS QL NM PA	PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4 NDS QL NM PA
MONJUVI SOLR 200mg	4 NDS NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4 NDS QL NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4 NDS NM PA	POLIVY SOLR 30mg, 140mg	4 NDS NM PA
MYLOTARG SOLR 4.5mg	4 NDS NM PA	POTELIGEO SOLN 20mg/5ml	4 NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4 NDS QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	4 NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4 NDS QL NM PA	RETEVMO CAPS 40mg QL (180 caps / 30 days)	4 NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4 NDS QL NM PA		

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Drug Name	Drug Requirements/ Tier	Limits
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA
RITUXAN INJ HYCELA	4	NDS NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
sorafenib tosylate (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM 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
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS NM PA B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier Limits
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4 NDS QL NM PA
TIVDAK SOLR 40mg	4 NDS NM PA
TORISEL SOLN 25mg/ml	4 NDS B/D NM
torpez (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4 NDS NM PA
TRODELVY SOLR 180mg	4 NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4 NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4 NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4 NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4 NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4 NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4 NDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4 NDS QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4 NDS B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4 NDS NM PA
VELCADE SOLR 3.5mg	4 NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2 QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4 NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4 NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4 NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4 NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4 NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4 NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4 NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4 NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4 NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4 NDS QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4 NDS QL NM PA
VYLOY SOLR 100mg	4 NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4 NDS QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	4 NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4 NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	4	NDS QL NM PA QL (8 tabs / 28 days)	amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)	1	QL QL (30 caps / 30 days)
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA	amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)	1	QL QL (30 caps / 30 days)
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA	amlodipine besylate- benazepril hcl cap 5-40 mg	1	QL QL (30 caps / 30 days)
ZEJULA TABS 100mg, 200mg, 300mg	4	NDS QL NM PA QL (30 tabs / 30 days)	amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)	1	QL QL (30 caps / 30 days)
ZELBORAF TABS 240mg	4	NDS QL NM PA QL (240 tabs / 30 days)	amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)	1	QL QL (30 caps / 30 days)
ZIIHERA SOLR 300mg	4	NDS NM PA	benazepril & hydrochlorothiazide tab 5-6.25mg	1	
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
ZOLINZA CAPS 100mg	4	NDS QL NM PA QL (120 caps / 30 days)	benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
ZYDELIG TABS 100mg, 150mg	4	NDS QL NM PA QL (60 tabs / 30 days)	benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
ZYKADIA TABS 150mg	4	NDS QL NM PA QL (84 tabs / 28 days)	captopril & hydrochlorothiazide tab 25-15 mg	1	
ZYNLONTA SOLR 10mg	4	NDS NM PA	captopril & hydrochlorothiazide tab 25-25 mg	1	
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA	captopril & hydrochlorothiazide tab 50-15 mg	1	
PROTECTIVE AGENTS			captopril & hydrochlorothiazide tab 50-25 mg	1	
dexrazoxane hcl SOLR 250mg, 500mg	4	NDS B/D	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D			
KHAPZORY SOLR 175mg	4	NDS B/D NM			
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D			
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1				
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM			
mesna (generic of MESNEX) TABS 400mg	4	NDS			
MESNEX TABS 400mg	4	NDS			
CARDIOVASCULAR					
ACE INHIBITOR COMBINATIONS					
ACCURETIC TAB 10-12.5	3				
ACCURETIC TAB 20-12.5	3				
amlodipine besylate- benazepril hcl cap 2.5-10 mg	1	QL QL (30 caps / 30 days)			

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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
spironolactone (generic of CAROSPIR) SUSP 25mg/5ml	1	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 3 4mg, 8mg	3	
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate- olmesartan medoxomil tab 5- 20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate- olmesartan medoxomil tab 5- 40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate- olmesartan medoxomil tab 10- 20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate- olmesartan medoxomil tab 10- 40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan- hydrochlorothiazide tab 5-160- 12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan- hydrochlorothiazide tab 5-160- 25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan- hydrochlorothiazide tab 10- 160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan- hydrochlorothiazide tab 10- 160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan- hydrochlorothiazide tab 10- 320-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32- 25MG QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL
candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL
candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL ST
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	3	QL ST
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1	
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	3	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40- 5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80- 5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80- 10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan- hydrochlorothiazide tab 40- 12.5 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan- hydrochlorothiazide tab 80- 12.5 mg (generic of MICARDIS HCT)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i> 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
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL
AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
irbesartan TABS 75mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg QL (30 tabs / 30 days)	1	QL
telmisartan (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan SOLN 4mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
sotalol hcl TABS 240mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	1	
fenofibrate CAPS 50mg QL (60 caps / 30 days)	1	QL PA
fenofibrate CAPS 150mg QL (30 caps / 30 days)	1	QL PA
fenofibrate TABS 40mg QL (60 tabs / 30 days)	1	QL PA
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate TABS 54mg, 160mg	1	
fenofibrate TABS 120mg QL (30 tabs / 30 days)	1	QL PA
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	1	
fenofibrate micronized CAPS 130mg QL (30 caps / 30 days)	1	QL PA
fenofibric acid TABS 35mg QL (60 tabs / 30 days)	1	QL PA
fenofibric acid TABS 105mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
gemfibrozil (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL PA
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL PA
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
EZALLOR SPRINKLE CPS 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
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
fluvastatin sodium (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<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
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTI-LIPIDEMICS, 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	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM 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

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

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Drug Name	Drug Requirements/ Tier	Limits
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100- 25 mg	1	
metoprolol & hydrochlorothiazide tab 100- 50 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4	NDS QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR TABS 50mg, 100mg	3	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
pindolol TABS 5mg, 10mg	1	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nicardipine hcl iv soln</i> 20 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
<i>nicardipine hcl iv soln</i> 40 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	4	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg,	3	
60mg, 90mg		
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> CP24 100mg, 1 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg		
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride</i> & <i>hydrochlorothiazide</i> tab 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECRIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	4	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQQ SUSR 10mg/ml QL (320 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormalvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOAANZ TABS 20mg, 40mg, 3 60mg	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> tab 25-25 mg	1	
THALITONE TABS 15mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> cap 37.5- 25 mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> tab 37.5- 25 mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium</i> tab 2.5- 10 mg	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium</i> tab 2.5- 20 mg	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium</i> tab 2.5- 40 mg	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium</i> tab 5-10 mg (generic of CADUET)	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1		<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1		<i>CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)</i>	2	QL
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		<i>CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)</i>	3	QL
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		<i>DEMSEER CAPS 250mg DIBENZYLINE CAPS 10mg</i>	4	NDS NM PA
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1		<i>digoxin SOLN .05mg/ml digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg</i>	1	NDS PA
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1		<i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	1	QL
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1		<i>droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)</i>	4	NDS QL NM PA
<i>ASPRUZYO SPRINKLE PACK 1000mg</i>	3	PA	<i>droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)</i>	4	NDS QL NM PA
<i>ATTRUBY TBPK 356mg QL (112 tabs / 28 days)</i>	4	NDS QL NM PA	<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>BIDIL TAB</i>	3		<i>guanfacine hcl TABS 1mg, 2mg PA applies if 70 years and older</i>	2	PA
<i>CADUET TAB 5-10MG</i>	3		<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>CADUET TAB 5-20MG</i>	3		<i>INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)</i>	3	QL
<i>CADUET TAB 5-40MG</i>	3		<i>isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	1	
<i>CADUET TAB 5-80MG</i>	3		<i>ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)</i>	1	QL
<i>CADUET TAB 10-10MG</i>	3		<i>LANOXIN SOLN .25mg/ml; TABS 62.5mcg</i>	3	
<i>CADUET TAB 10-20MG</i>	3		<i>LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	3	QL
<i>CADUET TAB 10-40MG</i>	3				
<i>CADUET TAB 10-80MG</i>	3				
<i>CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)</i>	4	NDS QL NM PA			
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1				
<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1				
<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1				
<i>clonidine TB24 .17mg</i>	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
LANOXIN PEDIATRIC SOLN .1mg/ml	3		
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA	
methyldopa TABS 500mg PA applies if 70 years and older	3	PA	
metyrosine (generic of DEMSER) CAPS 250mg	4	NDS NM PA	
midodrine hcl TABS 2.5mg, 5mg, 10mg	1		
minoxidil TABS 2.5mg, 10mg	1		
NEXICLON XR TB24 .17mg	3		
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA	
NORTHERA CAPS 200mg, 300mg	4	NDS QL NM PA	
QL (180 caps / 30 days)			
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA	
ranolazine TB12 500mg, 1000mg	1		
TEKTURNA TABS 150mg, 300mg	3		
TRYNGOLZA SOAJ 80mg/0.8ml	4	NDS QL NM PA	
QL (1 autoinjector / 30 days)			
TRYVIO TABS 12.5mg	3	QL PA	
QL (30 tabs / 30 days)			
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL PA	
QL (30 tabs / 30 days)			
VYNDAMAX CAPS 61mg	4	NDS QL NM PA	
QL (30 caps / 30 days)			
VYNDAQEL CAPS 20mg	4	NDS QL NM PA	
QL (120 caps / 30 days)			
NITRATES			
ISORDIL TITRADOSE TABS 5mg	3		
ISORDIL TITRADOSE TABS 40mg	4	NDS PA	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	1		
isosorbide dinitrate TABS 10mg, 20mg, 30mg			
PULMONARY ARTERIAL HYPERTENSION			
ADCIRCA TABS 20mg	4	NDS QL NM PA	
QL (60 tabs / 30 days)			
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	NDS QL NM PA	
QL (90 tabs / 30 days)			
alyq (generic of ADCIRCA) TABS 20mg	4	NDS QL NM PA	
QL (60 tabs / 30 days)			
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg	4	NDS QL NM PA	
QL (60 tabs / 30 days)			
epoprostenol sodium (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM	
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM	
LETAIRIS TABS 5mg, 10mg	4	NDS QL NM PA	
QL (30 tabs / 30 days)			

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Drug Name	Drug Requirements/ Tier Limits		
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	4	NDS QL NM PA	
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	4	NDS QL NM PA	
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA	
ORENITRAM TBCR .125mg	3	NM PA	
ORENITRAM TAB MONTH 1	4	NDS NM PA	
ORENITRAM TAB MONTH 2	4	NDS NM PA	
ORENITRAM TAB MONTH 3	4	NDS NM PA	
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA	
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA	
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA	
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml</i>	4	NDS NM PA	
<i>sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days)</i>	4	NDS QL NM PA	
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)</i>	1	QL NM PA	
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)</i>	4	NDS QL NM PA	
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA	
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA	
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	NDS NM PA	
TYVASO SOLN .6mg/ml	4	NDS NM PA	

Drug Name	Drug Requirements/ Tier Limits		
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA	
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA	
UPTRAVI SOLR 1800mcg	4	NDS NM PA	
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA	
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA	
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA	
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM	
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA	
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA	
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA	
CENTRAL NERVOUS SYSTEM			
ANTIANXIETY			
<i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)</i>	1	QL	
<i>alprazolam (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older</i>	1	QL PA	
<i>alprazolam (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older</i>	1	QL PA	
<i>alprazolam TBDP .5mg, 1mg, 1 2mg QL (150 tabs / 30 days)</i>	1	QL	
<i>alprazolam TBDP .25mg QL (120 tabs / 30 days)</i>	1	QL	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL	XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ATIVAN SOLN 2mg/ml, 4mg/ml	3		XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL	ANTIDEMENTIA		
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA	ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
fluvoxamine maleate CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL	ARICEPT TABS 10mg, 23mg donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3	QL
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1		donepezil hydrochloride (generic of ARICEPT) TABS 10mg, 23mg donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	1	QL	donepezil hydrochloride TBDP 10mg EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1		galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	1	QL	galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	3	QL PA	memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA			
oxazepam CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA			
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA	AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1		<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1		<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
NAMZARIC CAP 7-10MG	3		<i>bupropion hcl</i> TB24 450mg QL (30 tabs / 30 days)	1	QL PA
NAMZARIC CAP 14-10MG	3		CELEXA TABS 10mg, 20mg, 30mg 40mg	3	
NAMZARIC CAP 21-10MG	3		CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL PA
NAMZARIC CAP 28-10MG	3		<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
NAMZARIC CAP PACK	3		<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL	CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
ANTIDEPRESSANTS			<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		DESVENLAFAKINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA			
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL PA			
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL PA
QL (60 caps / 30 days)		
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1	QL
QL (60 caps / 30 days)		
<i>duloxetine hcl</i> CPEP 40mg	1	QL
QL (60 caps / 30 days)		
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	NDS QL PA
QL (30 patches / 30 days)		
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	3	QL PA
QL (60 caps / 30 days)		
FETZIMA CP24 80mg, 120mg	3	QL PA
QL (30 caps / 30 days)		
FETZIMA CAP TITRATIO	3	QL PA
QL (2 packs / year)		
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg	1	QL
QL (4 caps / 28 days)		
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> TABS 10mg	1	QL PA
QL (30 tabs / 30 days)		
<i>fluoxetine hcl</i> TABS 20mg	1	QL PA
QL (120 tabs / 30 days)		
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1	QL PA
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl (pmdd)</i> TABS 10mg	1	QL PA
QL (30 tabs / 30 days)		
(generic of SARAFEM)		
<i>fluoxetine hcl (pmdd)</i> TABS 20mg	1	QL PA
QL (120 tabs / 30 days)		
(generic of SARAFEM)		
FLUOXETINE HYDROCHLORIDE TABS 60mg	3	QL PA
QL (30 tabs / 30 days)		
FORFIVO XL TB24 450mg	3	QL PA
QL (30 tabs / 30 days)		
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	QL
QL (180 tabs / 30 days)		
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL PA
QL (900 mL / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
<i>perphenazine-amitriptyline tab 2 2-10 mg</i> PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab 2 2-25 mg</i> PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab 2 4-10 mg</i> PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab 2 4-25 mg</i> PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab 2 4-50 mg</i> PA applies if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL PA
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
VENLAFAKINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days)	1	QL PA
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL PA
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	4	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	4	NDS QL PA
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	1	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM PA
apomorphine hydrochloride SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM PA
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa (generic of LODOSYN) TABS 25mg	1	
carbidopa & levodopa tab 10- 100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25- 100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25- 250 mg	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa- entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg	1	
carbidopa-levodopa- entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg	1	
carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg	1	
carbidopa-levodopa- entacapone tabs 50-200-200 mg	1	
COMTAN TABS 200mg	3	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
entacapone TABS 200mg	1	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM PA
LODOSYN TABS 25mg	4	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	PA
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; 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	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
VYALEV INJ 12-240MG	4	NDS NM PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>ariPIPRAZOLE</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>ariPIPRAZOLE</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
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 1 SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1		<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>clozapine</i> TABS 50mg	1		GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	NDS QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	QL (60 caps / 30 days)		
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL	GEODON SOLR 20mg	3	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	QL (6 injections / 3 days)		
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	HALDOL DECANOATE 50 SOLN 50mg/ml	3	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg		
CLOZARIL TABS 25mg	3		<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL PA	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL PA	INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL PA	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL PA	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
ERZOFRI SUSY 78mg/0.5ml, 4 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 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
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	4	NDS QL	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA			
FANAPT PAK QL (2 packs / year)	3	QL PA			

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	
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier Limits	
OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
RISPERDAL CONSTA SRER 3 12.5mg QL (2 injections / 28 days)		QL
RISPERDAL CONSTA SRER 4 25mg, 37.5mg, 50mg QL (2 injections / 28 days)		NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone</i> microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone</i> microspheres (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	4	NDS QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 4 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
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
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml QL (60 tabs / 30 days)	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
carbamazepine CHEW 100mg, 200mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
clonazepam (generic of KLONOPIPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
clonazepam (generic of KLONOPIPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days)	1	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days)	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
DILANTIN INFATABS CHEW 3 50mg		
DILANTIN-125 SUSP 3 125mg/5ml		
<i>divalproex sodium</i> (generic of 1 DEPAKOTE SPRINKLES) CSDR 125mg		
<i>divalproex sodium</i> (generic of 1 DEPAKOTE ER) TB24 250mg, 500mg		
<i>divalproex sodium</i> (generic of 1 DEPAKOTE) TBEC 125mg, 250mg, 500mg		
EPIDIOLEX SOLN 100mg/ml 4 QL (600 mL / 30 days)	NDS QL NM PA	
<i>epitol</i> (generic of TEGRETOL) 1 TABS 200mg		
EPRONTIA SOLN 25mg/ml 3 QL (480 mL / 30 days)	QL PA	
<i>ethosuximide</i> (generic of 1 ZARONTIN) CAPS 250mg; SOLN 250mg/5ml		
<i>felbamate</i> SUSP 600mg/5ml 1		
<i>felbamate</i> (generic of 1 FELBATOL) TABS 400mg, 600mg		
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml 4 QL (360 mL / 30 days)	NDS QL NM PA	
FYCOMPA SUSP .5mg/ml 4 QL (720 mL / 30 days)	NDS QL PA	
FYCOMPA TABS 2mg 3 QL (60 tabs / 30 days)	QL PA	
FYCOMPA TABS 4mg, 6mg, 4 8mg, 10mg, 12mg QL (30 tabs / 30 days)	NDS QL PA	
<i>gabapentin</i> (generic of 1 NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	QL	
<i>gabapentin</i> (generic of 1 NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	QL	
<i>gabapentin</i> (generic of 1 NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	QL	

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABARONE TABS 100mg 4 QL (360 tabs / 30 days)	NDS QL PA	
GABARONE TABS 400mg 4 QL (270 tabs / 30 days)	NDS QL PA	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg 3		
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg 3 QL (300 tabs / 30 days)	QL	
KLONOPIN TABS .5mg, 1mg 3 QL (90 tabs / 30 days)	QL	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml 1		
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
LAMICTAL CHEWABLE 4 DISPERS CHEW 5mg, 25mg		
LAMICTAL ODT TBDP 4 25mg, 50mg, 100mg, 200mg	NDS ST	
LAMICTAL ODT KIT BLUE 3		
LAMICTAL ODT KIT GREEN 3		
LAMICTAL ODT KIT ORANGE 3		
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg 3		
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		<i>levetiracetam</i> (generic of KEPPTRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST	LEVETIRACETAM TB3D 250mg	3	QL
LAMICTAL XR KIT	3		<i>levetiracetam</i> (360 tabs / 30 days)		
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>levetiracetam</i> (generic of KEPPTRA XR) TB24 500mg, 750mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST	<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml (generic of LEVETIRACETAM)	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST	LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	3	QL
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		QL (10 buccal films / 30 days)		
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL PA
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1		QL (120 caps / 30 days)		
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		LYRICA CAPS 200mg	3	QL PA
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1		QL (90 caps / 30 days)		
LEVETIRACETA INJ 5MG/ML	3		LYRICA CAPS 225mg, 300mg	3	QL PA
LEVETIRACETA INJ 10MG/ML	3		QL (60 caps / 30 days)		
LEVETIRACETA INJ 15MG/ML	3		LYRICA SOLN 20mg/ml	3	QL PA
			QL (900 mL / 30 days)		
			<i>methylsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
			MOTPOLY XR CP24 100mg, 150mg, 200mg	4	NDS QL PA
			QL (60 caps / 30 days)		
			mysoline TABS 50mg, 250mg	4	NDS
			QL (10 nasal units per 30 days)		
			NEURONTIN CAPS 100mg, 300mg	3	QL
			QL (360 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier Limits	
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
oxcarbazepine (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
oxcarbazepine (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg, 3 300mg		PA
OXTELLAR XR TB24 600mg	4	NDS PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	3	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA
phenytek CAPS 200mg, 300mg	1	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	1	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	1	

Drug Name	Drug Requirements/ Tier Limits	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	1	
phenytoin sodium extended CAPS 200mg, 300mg	1	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	1	
primidone TABS 125mg	1	
QUDEXY XR CS24 25mg QL (480 caps / 30 days)	3	QL PA
QUDEXY XR CS24 50mg QL (240 caps / 30 days)	3	QL PA
QUDEXY XR CS24 100mg QL (120 caps / 30 days)	3	QL PA
QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
roweepra (generic of KEPPRA) TABS 500mg	1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA	<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	<i>topiramate</i> CPSP 50mg	1	
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	<i>topiramate</i> CS24 25mg QL (480 caps / 30 days)	1	QL PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>topiramate</i> CS24 50mg QL (240 caps / 30 days)	1	QL PA
<i>subvenite</i> starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		<i>topiramate</i> CS24 100mg QL (120 caps / 30 days)	1	QL PA
<i>subvenite</i> starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	1		<i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
<i>subvenite</i> starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA	TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3		TRILEPTAL TABS 150mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3		TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA
TOPAMAX TABS 25mg	3		TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS	TROKENDI XR CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA
TOPAMAX SPRINKLE CPSP 15mg	3		VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	3	QL PA
TOPAMAX SPRINKLE CPSP 25mg	4	NDS	PA applies if 65 years and older when greater than 5 day supply		
<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA	<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA	<i>valproic acid</i> CAPS 250mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VALTOCO 5 MG DOSE LIQD 3 5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
vigabatrin (generic of SABRIL) PACK 500mg PA QL (180 packets / 30 days)	4	NDS QL NM
vigabatrin (generic of SABRIL) TABS 500mg PA QL (180 tabs / 30 days)	4	NDS QL NM
vigadroner (generic of SABRIL) PACK 500mg PA QL (180 packets / 30 days)	4	NDS QL NM
vigadroner (generic of SABRIL) TABS 500mg PA QL (180 tabs / 30 days)	4	NDS QL NM
VIGAFYDE SOLN 100mg/ml PA QL (900 mL / 30 days)	4	NDS QL NM
vigpoder (generic of SABRIL) PACK 500mg PA QL (180 packets / 30 days)	4	NDS QL NM
VIMPAT SOLN 10mg/ml PA QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml PA QL (120 tabs / 30 days)	4	NDS
VIMPAT TABS 50mg PA QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg PA QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg PA QL (30 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XCOPRI TABS 150mg, 200mg PA QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 PA QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG PA QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 PA QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) PA QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) PA QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml PA QL (900 mL / 30 days)	3	
ZONEGRAN CAPS 25mg, 100mg PA QL (900 mL / 30 days)	4	NDS
ZONISADE SUSP 100mg/5ml PA QL (900 mL / 30 days)	4	NDS QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg PA QL (900 mL / 30 days)	1	
zonisamide CAPS 50mg PA QL (900 mL / 30 days)	1	
ZTALMY SUSP 50mg/ml PA QL (1100 mL / 30 days)	4	NDS QL NM
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG PA QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG PA QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG PA QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG PA QL (30 caps / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier Limits	
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
amphetamine- <i>dextroamphetamine 3-bead</i> cap er 24hr 12.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine 3-bead</i> cap er 24hr 25 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine 3-bead</i> cap er 24hr 37.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine 3-bead</i> cap er 24hr 50 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier Limits	
amphetamine- <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 7.5</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 10</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 12.5</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 15</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 20</i> mg (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 30</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg QL (30 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 80mg, 100mg QL (30 caps / 30 days)	1	QL
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
QUELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
QUELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
QUELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HYPNOTICS						
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA		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	4	NDS QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA		QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL		ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL		RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL		RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
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		ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
estazolam TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA		SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
eszopiclone (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		tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA		temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA		temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA		triazolam (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
				triazolam 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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	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>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>ZOLPIDEM TARTRATE</i> CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA	<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
<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>ELYXXYB</i> SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS 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	<i>EMGALITY</i> SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
MIGRAINE			<i>EMGALITY</i> SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	<i>EMGALITY</i> SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
<i>AJOVY</i> SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA	<i>ergotamine w/ caffeine tab</i> 1- 100 mg QL (40 tabs / 28 days)	1	QL PA
<i>AJOVY</i> SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA	<i>FROVA</i> TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST	<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
<i>CAMBIA</i> PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA	<i>IMITREX</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
			<i>IMITREX</i> STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
			<i>IMITREX</i> STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
			<i>IMITREX</i> STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>migergot</i> QL (20 suppositories / 28 days)	4	NDS QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>sumatriptan-naproxen sodium</i> tab 85-500 mg (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
VYEPTI SOLN 100mg/ml ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS NM PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL PA
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg	4	NDS NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESSPAN TBCR 180mg	4	NDS
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>paroxetine mesylate</i> (vasomotor) CAPS 7.5mg QL (30 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; TABS 60mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>pyridostigmine bromide</i> TABS 1 30mg				AVONEX PEN AJKT 30mcg/0.5ml	4	NDS QL NM PA
<i>pyridostigmine bromide</i> 1 (generic of MESTINON TIMESPAN) TBCR 180mg				QL (4 injections / 28 days)		
RADICAVA SOLN 30mg/100ml	4	NDS NM PA		BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
RADICAVA ORS SUSP 105mg/5ml	4	NDS QL NM PA		BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
QL (70 mL / 28 days)				BRIUMVI SOLN 150mg/6ml	4	NDS NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	NDS QL NM PA		COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
QL (70 mL / 28 days)				COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1			<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL PA		<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
QL (60 tabs / 30 days)				<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
SAVELLA MIS TITR PAK	3	QL PA		<i>dimethyl fumarate capsule dr</i> starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
QL (2 packs / year)				<i>fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
SKYCLARYS CAPS 50mg	4	NDS QL NM PA		GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
QL (90 caps / 30 days)				<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
TEGSEDI SOSY 284mg/1.5ml	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
QL (4 syringes / 28 days)				<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA				
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA				
TIGLUTIK SUSP 50mg/10ml	4	NDS QL NM PA				
QL (600 mL / 30 days)						
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA				
WAINUA SOAJ 45mg/0.8ml	4	NDS QL NM PA				
QL (1 pen / 30 days)						
XENAZINE TABS 12.5mg	4	NDS QL NM PA				
QL (90 tabs / 30 days)						
XENAZINE TABS 25mg	4	NDS QL NM PA				
QL (120 tabs / 30 days)						
MULTIPLE SCLEROSIS AGENTS						
AMPYRA TB12 10mg	4	NDS QL NM PA				
QL (60 tabs / 30 days)						
AUBAGIO TABS 7mg, 14mg	4	NDS QL NM PA				
QL (30 tabs / 30 days)						
AVONEX PSKT 30mcg/0.5ml	4	NDS QL NM PA				
QL (4 syringes / 28 days)						

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4 NDS QL NM PA	PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4 NDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	4 NDS QL NM PA	PLEGRIDY INJ STARTER QL (2 packs / year)	4 NDS QL NM PA
LEMTRADA SOLN 12mg/1.2ml	4 NDS NM PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4 NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4 NDS QL NM PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	4 NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4 NDS QL NM PA	PONVORY TAB STARTER QL (2 packs / year)	4 NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4 NDS QL NM PA	REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	4 NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4 NDS QL NM PA	REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	4 NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4 NDS QL NM PA	REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	4 NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4 NDS QL NM PA	REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	4 NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4 NDS QL NM PA	TASCENO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4 NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4 NDS QL NM PA	TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4 NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4 NDS QL NM PA	TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4 NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4 NDS QL NM PA	TECFIDERA CAP STARTER QL (2 packs / year)	4 NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4 NDS QL NM PA	teriflunomide (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4 NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4 NDS NM PA	TYSABRI CONC 300mg/15ml	4 NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4 NDS QL NM PA	VUMERTITY CPDR 231mg QL (120 caps / 30 days)	4 NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4 NDS QL NM PA	ZEPOZIA CAPS .92mg QL (30 caps / 30 days)	4 NDS QL NM PA
		ZEPOZIA 7DAY CAP STR PACK QL (2 packs / year)	4 NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen SOLN 5mg/5ml, 10mg/5ml	1	PA
baclofen (generic of FLEQSVY) SUSP 25mg/5ml	4	NDS PA
baclofen TABS 5mg QL (90 tabs / 30 days)	1	QL
baclofen TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
carisoprodol (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
carisoprodol (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1	
dantrolene sodium CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSVY SUSP 25mg/5ml	4	NDS PA
LYVISPAH PACK 5mg, 10mg, 20mg	3	PA
metaxalone TABS 400mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
Drug Name		
metaxalone TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
methocarbamol TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
methocarbamol TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
methocarbamol TABS 1000mg QL (120 tabs / 30 days)	4	NDS QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA
tanlor TABS 1000mg QL (120 tabs / 30 days)	4	NDS QL PA
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA	<i>disulfiram</i> TABS 250mg, 500mg	1	
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA	KLOXXADO LIQD 8mg/0.1ml	2	
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA	<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA	<i>naltrexone hcl</i> TABS 50mg	1	
PSYCHOTHERAPEUTIC-MISC			NICOTROL INHALER INHA 10mg	3	
acamprosate calcium TBEC 333mg	1		NICOTROL NS SOLN 10mg/ml	3	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM	OPVEE SOLN 2.7mg/0.1ml	3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL	SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	3	NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 1 200mg		
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate SOLN 1 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 1 200mg/ml	1	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 1 100mg		
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 3 45mg QL (30 tabs / 30 days)	3	QL
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days)	3	QL ST

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Drug Name	Drug Requirements/ Tier	Limits
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	3	QL ST QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25- 15 mg</i>	3	QL ST QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25- 30 mg</i>	3	QL ST QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25- 45 mg</i>	3	QL ST QL (30 tabs / 30 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3	QL PA QL (1 pen / 30 days)
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
exenatide SOPN 10mcg/0.04ml	1	QL PA QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	2	QL QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL QL (90 tabs / 30 days)
glimepiride TABS 3mg, 4mg	1	QL QL (60 tabs / 30 days)
glipizide TABS 2.5mg QL (480 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 TB24 2.5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl TB24 2.5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
GLUMETZA TB24 500mg QL (120 tabs / 30 days)	4	NDS QL PA
GLUMETZA TB24 1000mg QL (60 tabs / 30 days)	4	NDS QL PA
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50- 500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150- 500 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150- 1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier Limits	
INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	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, 2 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 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
KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days)	3	QL ST
KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 2.5- 1000 QL (60 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 5- 500MG QL (30 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 5- 1000MG QL (30 tabs / 30 days)	3	QL ST
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier Limits	
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL PA
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>metformin hcl</i> TABS 750mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
NESINA TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
ONGLYZA TABS 2.5mg, 5mg QL (30 tabs / 30 days)	3	QL ST

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Drug Name	Drug Requirements/ Tier Limits	
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
QTERN TAB 5-5MG QL (30 tabs / 30 days)	3	QL
QTERN TAB 10-5MG QL (30 tabs / 30 days)	3	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
saxagliptin hcl TABS 2.5mg QL (30 tabs / 30 days)	1	QL
saxagliptin hcl (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days)	1	QL
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg QL (60 tabs / 30 days)	1	QL
saxagliptin-metformin hcl tab er 24hr 5-500 mg QL (30 tabs / 30 days)	1	QL
saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days)	1	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
SITAG/METFOR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	ZITUVIMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	ZITUVIMET XR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL ST
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL	ZITUPIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	ADMELOG SOLN 100unit/ml 2		
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml 2		
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	AFREZZA POWD 4unit, 8unit 3		
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	AFREZZA POWD 12unit 4	NDS	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	AFREZZA POW 4-8 UNIT 4	NDS	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	AFREZZA POW 4-8-12 4	NDS	
TZIELD SOLN 2mg/2ml 4	NDS NM PA		AFREZZA POW 8-12UNIT 4	NDS	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA	ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY 2	PA	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	APIDRA SOLN 100unit/ml 3		
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	APIDRA SOLOSTAR SOPN 100unit/ml 3		
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml 2		
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	BASAGLAR TEMPO PEN SOPN 100unit/ml 3		
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
			CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
			CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
			FIASP SOLN 100unit/ml 2		
			FIASP FLEXTOUCH SOPN 100unit/ml 2		
			FIASP PENFILL SOCT 100unit/ml 2		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FIASP PUMPCART SOCT 100unit/ml	2	B/D	INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
GAUZE PADS 2X2	2	PA	INSULIN LISP INJ PROTAMIN	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3		INSULIN LISPRO SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3		INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3		INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3		INSULIN PEN NEEDLES: BD- EMBECTA	2	PA
HUMALOG MIX INJ 75/25KWP	3		INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
HUMALOG MIX SUS 75/25	3		INSULIN SYRINGES: BD- EMBECTA	2	PA
HUMALOG TEMPO PEN SOPN 100unit/ml	3		LANTUS SOLN 100unit/ml	2	
HUMULIN INJ 70/30	3		LANTUS SOLOSTAR SOPN 100unit/ml	2	
HUMULIN INJ 70/30KWP	3		LYUMJEV SOLN 100unit/ml	3	
HUMULIN N SUSP 100unit/ml	3		LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3		LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3		NOVOLIN70/30 INJ RELION	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D	NOVOLIN INJ 70/30	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS	NOVOLIN INJ 70/30 FP	2	
INS ASP PROT INJ FLEXPEN	3		NOVOLIN INJ 70/30 FP RELION	3	
INSULIN ASPA INJ 70/30	3		NOVOLIN N SUSP 100unit/ml	2	
INSULIN ASPART SOLN 100unit/ml	3		NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	3		NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
INSULIN ASPART PENFILL SOCT 100unit/ml	3		NOVOLIN N RELION SUSP 100unit/ml	3	
INSULIN DEGLUDEC SOLN 100unit/ml	3		NOVOLIN R SOLN 100unit/ml	2	
INSULIN DEGLUDEC FLEXTOUC SOPN 100unit/ml, 200unit/ml	3		NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3		NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3		NOVOLIN R RELION SOLN 100unit/ml	3	
			NOVOLOG SOLN 100unit/ml	2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NOVOLOG FLEXPEN SOPN 2 100unit/ml		
NOVOLOG FLEXPEN 3 RELION SOPN 100unit/ml		
NOVOLOG MIX INJ 70/30 2		
NOVOLOG MIX INJ FLEX REL FLEXPEN	3	
NOVOLOG PENFILL SOCT 2 100unit/ml		
NOVOLOG RELI INJ 70/30 3		
NOVOLOG RELION SOLN 3 100unit/ml		
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 LB KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 LB MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg <i>alendronate sodium</i> SOLN 70mg/75ml	3	ST
<i>alendronate sodium</i> TABS 10mg, 35mg <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	ST
ATELVIA TBEC 35mg BINOSTO TBEF 70mg	3	ST

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
calcitonin (salmon) inj (generic of MIACALCIN) SOLN 200unit/ml	4	NDS B/D
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 560mcg/2.24ml	4	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
ibandronate sodium SOLN 3mg/3ml	1	B/D QL QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	QL NM QL (1 syringe / 180 days)
RECLAST SOLN 5mg/100ml	3	B/D NM
risedronate sodium TABS 5mg, 30mg, 150mg	1	
risedronate sodium (generic of ACTONEL) TABS 35mg	1	
risedronate sodium (generic of ATELVIA) TBEC 35mg	1	ST
teriparatide (generic of FORTEO) SOPN 560mcg/2.24ml	4	NDS NM PA
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
zoledronic acid CONC 4mg/5ml	1	B/D NM

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

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Drug Name	Drug Requirements/ Tier	Limits
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
trientine hcl (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
trientine hcl CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA TAB 0.1-20	3	
balziva	1	
BEYAZ TAB	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	

Drug Name	Drug Requirements/ Tier	Limits
DEPO-PROVERA	3	
CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml		
DEPO-SUBQ PROVERA 104	2	SUSY 104mg/0.65ml
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1	
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1	
elonest	1	
eluryng (generic of NUVARING)	1	
emzahh TABS .35mg	1	
enilloring (generic of NUVARING)	1	
enpresse-28	1	
enskyce	1	
errin TABS .35mg	1	
estarrylla	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etongestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV TAB 1/0.02MG	3	PA
finzala	1	
gemma (generic of TAYTULLA)	1	
hailey 1.5/30	1	
hailey 24 fe	1	

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Drug Name	Drug Requirements/ Tier	Limits
haloette (generic of NUVARING)	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jasmiel (generic of YAZ)	1	
jolessa	1	
joyeaux (generic of BALCOLTRA)	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	1	
levora 0.15/30-28	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna (generic of YAZ)	1	
low-ogestrel	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
merzee (generic of TAYTULLA)	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milli	1	
minzoya (generic of BALCOLTRA)	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	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
nikki (generic of YAZ)	1
nora-be TABS .35mg	1
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	1
norethindrone (contraceptive) TABS .35mg	1
norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1-35 mg-mcg	1
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg	1
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	1
norlyroc TABS .35mg	1
nortrel 0.5/35 (28)	1
nortrel 1/35 (21)	1
nortrel 1/35 (28)	1
nortrel 7/7/7	1
NUVARING MIS	3
nylia 1/35	1
nylia 7/7/7	1
ocella (generic of YASMIN 28)	1
PHEXXI GEL	3
philith	1
pimtrea	1
portia-28	1

Drug Name	Drug Requirements/ Tier Limits
reclipsen	1
rivelsa	1
SAFYRAL TAB	3
setlakin	1
sharobel TABS .35mg	1
similiya	1
simpesse	1
sprintec 28	1
sronyx	1
syeda (generic of YASMIN 28)	1
tarina 24 fe	1
tarina fe 1/20 eq	1
TAYTULLA CAP 1MG/20MC	3
tilia fe	1
tri-estarrylla	1
tri-legest fe	1
tri-linyah	1
tri-lo-estarrylla	1
tri-lo-marzia	1
tri-lo-mili	1
tri-lo-sprintec	1
tri-mili	1
tri-nymyo	1
tri-sprintec	1
tri-vylibra	1
tri-vylibra lo	1
trivora-28	1
turqoz	1
tydemy (generic of SAFYRAL)	1
valtya 1/50	1
velivet	1
vestura (generic of YAZ)	1
vienna	1
viorele	1
vyfemla	1
vylibra	1
wera	1
wymzya fe	1
xarah fe	1
xulane	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
zafemy	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
zovia 1/35	1	
zumandimine (generic of YASMIN 28)	1	
ESTROGENS		
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	
estradiol (generic of ESTROGEL) GEL .06%	3	
estradiol (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1	
estradiol valerate OIL 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	2	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
mimvey (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PREMPRO TAB	2			<i>hydrocortisone sod succinate</i>	1	
PREMPRO TAB 0.3-1.5	2			(generic of SOLU-CORTEF)		
PREMPRO TAB 0.45-1.5	2			SOLR 100mg		
PREMPRO TAB 0.625-5	2			KENALOG-10 SUSP	3	B/D
VAGIFEM TABS 10mcg	3			10mg/ml		
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3			KENALOG-40 SUSP	3	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1			40mg/ml		
GLUCOCORTICOIDS						
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA		KENALOG-80 SUSP	3	B/D
ALKINDI SPRINKLE CPSP .5mg	3	NM PA		80mg/ml		
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1			MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
CELESTONE INJ SOLUSPAN	3			MEDROL DOSEPAK TBPK 4mg	3	
CORTEF TABS 5mg, 10mg, 20mg	3			<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
CORTISONE ACETATE TABS 25mg	3			<i>methylprednisolone</i> TABS 32mg	1	B/D
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
DEXABLISS TBPK 1.5mg	3			<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg</i>	1			<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3			<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	1			ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
fludrocortisone acetate TABS .1mg	1			PEDIAPRED SOLN 5mg/5ml	3	B/D
HEMADY TABS 20mg	3	PA		<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1			<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
				<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	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

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	Drug Requirements/ Limits
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
taperdex 6-day TBPK 1.5mg	1	
taperdex 7-day TBPK 1.5mg	1	
taperdex 12-day TBPK 1.5mg	1	
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
glucagon (rdna) KIT 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ACTHAR GEL PEN 40unit/0.5ml, 80unit/ml QL (30 injectors / 30 days)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>betaine powder for oral solution (generic of CYSTADANE)</i>	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC	3	NM PA
GONADOTROPIN SOLR 10000unit		
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D QL NM
QL (60 tabs / 30 days)		
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	4	NDS B/D QL NM
QL (120 tabs / 30 days)		
CORTROPHIN GEL 80unit/ml	4	NDS QL NM PA
QL (1.5 mL / 1 day)		
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml	4	NDS QL NM PA
QL (28 syringes / 28 days)		
CRENESSITY CAPS 50mg, 100mg	4	NDS QL NM PA
QL (60 caps / 30 days)		
CRENESSITY SOLN 50mg/ml	4	NDS QL NM PA
QL (120 mL / 30 days)		
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS

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>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .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 PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NDS NM PA
<i>methergine</i> TABS .2mg	4	NDS PA
<i>methylergonovine maleate</i> TABS .2mg	4	NDS PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4 NDS NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4 NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4 NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1 NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1 NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4 NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4 NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4 NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4 NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3 QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4 NDS NM PA
ORIAHNN CAP	4 NDS PA
ORILISSA TABS 150mg, 200mg	4 NDS PA
OSPHENA TABS 60mg	3 PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4 NDS NM PA
PHEBURANE PLLT 483mg/gm	4 NDS NM PA
POMBILITI SOLR 105mg	4 NDS NM PA
PREGNYL W/DILUENT	3 NM PA
BENZYL SOLR 10000unit	
PROCYSB1 CPDR 25mg, 75mg; PACK 75mg, 300mg	4 NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1
RAVICTI LIQD 1.1gm/ml	4 NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
REVCovi SOLN 2.4mg/1.5ml	4 NDS NM PA
REZDIFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4 NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3 NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4 NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4 NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4 NDS NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	3 B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	4 NDS B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	4 NDS B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4 NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4 NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4 NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4 NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4 NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4 NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4 NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4 NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4 NDS NM PA
SYNAREL SOLN 2mg/ml	4 NDS PA
TEPEZZA SOLR 500mg	4 NDS NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg,.56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
yargesa (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
gallifrey TABS 5mg	1	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate TABS 5mg	1	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	

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

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
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol</i> (oral) (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	

Drug Name	Drug Requirements/ Tier	Limits
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	NDS PA
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>gransetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	4	NDS B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

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>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg PEPCID TABS 20mg, 40mg	1	3
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide CPEP 3mg QL (90 caps / 30 days)	1	QL PA
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
budesonide (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
COLAZAL CAPS 750mg	4	NDS
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA)	1	
ENEM 100mg/60ml		
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
mesalamine CPCR 500mg QL (240 caps / 30 days)	1	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	1	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	1	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
mesalamine TBEC 800mg QL (180 tabs / 30 days)	1	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
kristalose PACK 10gm QL (30 packets / 30 days)	1	QL PA	CARAFATE SUSP 1gm/10ml QL (1200 mL / 30 days)	3	QL PA
kristalose PACK 20gm QL (60 packets / 30 days)	1	QL PA	CARAFATE TABS 1gm	3	
lactulose PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA	CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
lactulose SOLN 10gm/15ml	1		CREON CAP 3000UNIT	2	
lactulose (encephalopathy) SOLN 10gm/15ml	1		CREON CAP 6000UNIT	2	
MOVIPREP SOL	3		CREON CAP 12000UNT	2	
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)	1		CREON CAP 24000UNT	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		CREON CAP 36000UNT	2	
peg-3350/electrolytes/asc (generic of MOVIPREP)	1		cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
PLENVU SOL	3		CYTOTEC TABS 100mcg, 200mcg	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1		diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
SUFLAVE SOL	3		diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	
SUPREP BOWEL SOL PREP KIT	3		EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA
SUTAB TAB	3		GASTROCROM CONC 100mg/5ml	4	NDS
MISCELLANEOUS					
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA	GATTEX KIT 5mg	4	NDS NM PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA	HELIDAC MIS THERAPY	4	NDS
AMITIZA CAPS 8mcg, 24mcg	3	QL	IBSRELA TABS 50mg QL (60 tabs / 30 days)	4	NDS QL PA
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1		IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg (generic of PYLERA)	1		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA	LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA	LIVMARLI SOLN 9.5mg/ml, 19mg/ml	4	NDS NM PA
<i>Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.</i>					
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Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	QL QL (30 tabs / 30 days)
OCALIVA TABS 5mg, 10mg	4	NDS QL NM QL (30 tabs / 30 days) PA
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	
<i>prucalopride succinate</i> (generic of MOTEGRITY) TABS 1mg, 2mg	1	
PYLERA CAP	3	
REBYOTA SUSP 150ml	4	NDS QL NM QL (150 mL / 30 days) PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	NDS QL PA QL (28 syringes / 28 days)
RELISTOR TABS 150mg	4	NDS QL PA QL (90 tabs / 30 days)
RELTONE CAPS 200mg, 400mg	4	NDS PA
SUCRAID SOLN 8500unit/ml	4	NDS NM PA
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml	1	QL PA QL (1200 mL / 30 days)
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL QL (30 tabs / 30 days)
TALICIA CAP	3	

Drug Name	Drug Requirements/ Tier	Limits
TRULANCE TABS 3mg	3	QL QL (30 tabs / 30 days)
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	4	NDS PA
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
VOQUEZNA PAK DUAL PAK	3	QL QL (2 kits / year)
VOQUEZNA PAK TRIP PK	3	QL QL (2 kits / year)
VOWST CAP	4	NDS QL NM QL (12 caps / 30 days) PA
XERMELO TABS 250mg	4	NDS QL NM QL (84 tabs / 28 days) PA
XIFAXAN TABS 550mg	4	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	4	NDS QL ST QL (30 tabs / 30 days)
DEXILANT CPDR 30mg, 60mg	3	QL QL (30 caps / 30 days)
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	QL QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg	1	QL ST QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL	<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST	
<i>esomeprazole sodium</i> SOLR 1 40mg			<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1		
KONVOMEП SUS 2-84/ML QL (600 mL / 30 days)	3	QL PA	PANTOPRAZOLE SOL 40/50ML	3		
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL	PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL	PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	3	QL ST	
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST	PRILOSEC PACK 2.5mg, 10mg	3	PA	
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST	PROTONIX PACK 40mg QL (30 packets / 30 days)	3	QL ST	
NEXIUM PACK 2.5mg, 5mg	3		PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3		
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL	<i>rabeprozole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1		VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL	
<i>omeprazole-sodium</i> bicarbonate cap 20-1100 mg QL (30 caps / 30 days)	4	NDS QL PA	VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL	
<i>omeprazole-sodium</i> bicarbonate cap 40-1100 mg QL (30 caps / 30 days)	4	NDS QL PA	ZEGERID CAP 20-1100 QL (30 caps / 30 days)	4	NDS QL PA	
<i>omeprazole-sodium</i> bicarbonate powd pack for susp 20-1680 mg QL (30 packets / 30 days)	4	NDS QL PA	ZEGERID CAP 40-1100 QL (30 caps / 30 days)	4	NDS QL PA	
<i>omeprazole-sodium</i> bicarbonate powd pack for susp 40-1680 mg QL (30 packets / 30 days)	4	NDS QL PA	GENITOURINARY			
PANTOPR/NACL SOL 40MG/100	3		BENIGN PROSTATIC HYPERPLASIA			
PANTOPR/NACL SOL 80MG/100	3		alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL	
			AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS QL	
			CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST	
			CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA	
			dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
<i>dutasteride-tamsulosin hcl cap 1 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)</i>		QL	RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA			
<i>ENTADFI CAP 5-5MG QL (30 caps / 30 days)</i>	3	QL PA	TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA			
<i>finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)</i>	1	QL	THIOLA TABS 100mg	4	NDS NM			
<i>JALYN CAP 0.5-0.4 QL (30 caps / 30 days)</i>	3	QL	THIOLA EC TBEC 100mg, 300mg	4	NDS NM			
<i>PROSCAR TABS 5mg QL (30 tabs / 30 days)</i>	3	QL	<i>tiopronin (generic of THIOLA) TABS 100mg</i>	4	NDS NM			
<i>RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)</i>	3	QL	<i>tiopronin (generic of THIOLA EC) TBEC 100mg, 300mg</i>	4	NDS NM			
<i>silodosin (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)</i>	1	QL	UROCIT-K 5 TBCR 540mg	3				
<i>tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)</i>	1	QL PA	UROCIT-K 10 TBCR 1080mg	3				
<i>tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)</i>	1	QL	UROCIT-K 15 TBCR 15meq	3				
<i>UROXATRAL TB24 10mg QL (30 tabs / 30 days)</i>	3	QL	<i>venxxiva (generic of THIOLA EC) TBEC 100mg, 300mg</i>	4	NDS NM			
MISCELLANEOUS								
<i>acetic acid SOLN .25%</i>	1		URINARY ANTISPASMODICS					
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1		<i>darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)</i>	1	QL ST			
<i>ELMIRON CAPS 100mg QL (90 caps / 30 days)</i>	4	NDS QL	<i>DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)</i>	3	QL			
<i>FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)</i>	4	NDS QL NM PA	<i>DETROL LA CP24 2mg QL (30 caps / 30 days)</i>	3	QL ST			
<i>INTRAROSA INST 6.5mg</i>	3	PA	<i>fesoterodine fumarate (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)</i>	1	QL			
<i>LITHOSTAT TABS 250mg</i>	3		<i>GEMTESA TABS 75mg QL (30 tabs / 30 days)</i>	3	QL			
<i>neomycin-polymyxin b gu irrigation soln</i>	1		<i>MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)</i>	3	QL			
<i>OXLUMO SOLN 94.5mg/0.5ml</i>	4	NDS NM PA	<i>MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)</i>	3	QL			
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq</i>	1		<i>oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)</i>	1	QL			
<i>potassium citrate (alkalinizer) TBCR 540mg</i>	1		<i>oxybutynin chloride TABS 2.5mg QL (90 tabs / 30 days)</i>	1	QL			
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg</i>	1		<i>oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)</i>	1	QL			
<i>RIMSO-50 SOLN 50%</i>	3		<i>oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)</i>	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr 3 QL (8 patches / 28 days)	3	QL ST
solifenacain succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
tolterodine tartrate TABS 1mg 1 QL (60 tabs / 30 days)	1	QL
tolterodine tartrate (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
trospium chloride CP24 60mg 1 QL (30 caps / 30 days)	1	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg 3 QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2% 3	3	
GYNAZOLE-1 CREA 2% 3	3	
metronidazole vaginal GEL .75% 1	1	
miconazole 3 SUPP 200mg 1	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg 1	1	
VANDAZOLE GEL .75% 3	3	
XACIATO GEL 2% 3	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml 3	3	

Drug Name	Drug Requirements/ Tier	Limits
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
enoxaparin sodium (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	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
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
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	

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Drug Name	Drug Requirements/ Tier	Limits
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	4	NDS QL PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	4	NDS QL PA
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	2	QL
warfarin sodium 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

Drug Name	Drug Requirements/ Tier	Limits
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
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN SOLN 20000unit/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCERIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml		NM PA
PROCERIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA
RETACRIT SOLN 40000unit/ml	4	NDS NM PA
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	4	NDS QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM PA
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM PA
BKEMV SOLN 300mg/30ml	4	NDS NM PA
CABLIVI KIT 11mg	4	NDS NM PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DOPTELET TABS 20mg	4	NDS NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
EPYSQLI SOLN 300mg/30ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
I-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits		
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA	
pentoxifylline TBCR 400mg	1		
PIASKY SOLN 340mg/2ml	4	NDS NM PA	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA	
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA	
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA	
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA	
PYRUKYND TAB 50MGX20M	4	NDS QL NM PA	
PYRUKYND TAPER PACK	4	NDS QL NM	
TBPK 5mg QL (7 tabs / 7 days)		PA	
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA	
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA	
RYTELO SOLR 47mg, 188mg	4	NDS NM PA	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA	
SIKLOS TABS 100mg	3		
SIKLOS TABS 1000mg	4	NDS	
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA	
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM PA	
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA	

Drug Name	Drug Requirements/ Tier Limits		
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA	
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		
<i>tranexamic acid</i> TABS 650mg	1		
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)			
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA	
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA	
XROMI SOLN 100mg/ml	4	NDS	
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA	
PLATELET AGGREGATION INHIBITORS			
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>		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 applies if 70 years and older	2	PA	
EFFIENT TABS 5mg, 10mg	3		
PLAVIX TABS 75mg	3		
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		
<i>ticagrelor</i> (generic of BRILINTA) TABS 90mg	1		
IMMUNOLOGIC AGENTS			
AUTOIMMUNE AGENTS			
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4 NDS QL NM PA	COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4 NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4 NDS QL NM PA	COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4 NDS QL NM PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4 NDS QL NM PA	COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4 NDS QL NM PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4 NDS QL NM PA	DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4 NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	4 NDS QL NM PA	DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4 NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	4 NDS QL NM PA	EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4 NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4 NDS QL NM PA	EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4 NDS QL NM PA
AVSOLA SOLR 100mg	4 NDS NM PA	ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4 NDS QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 auto-injectors / 28 days)	4 NDS QL NM PA	ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4 NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4 NDS QL NM PA	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4 NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4 NDS QL NM PA	ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4 NDS QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4 NDS QL NM PA	ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4 NDS QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4 NDS QL NM PA	HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4 NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4 NDS NM PA	HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4 NDS QL NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4 NDS QL NM PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4 NDS QL NM PA
		HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4 NDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4 NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4 NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4 NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	4 NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4 NDS QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4 NDS QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4 NDS QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4 NDS QL NM PA
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4 NDS QL NM PA
INFLECTRA SOLR 100mg	4 NDS NM PA
INFliximab SOLR 100mg	4 NDS NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 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
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4 NDS QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	4 NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4 NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 28 days)	4 NDS QL NM PA
OMVOH SOLN 300mg/15ml	4 NDS NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4 NDS QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	4 NDS QL NM PA
OMVOH SOSY 100/200 QL (2 syringes / 28 days)	4 NDS QL NM PA
ORENCIA SOLR 250mg	4 NDS NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	4 NDS QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4 NDS QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4 NDS QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	4 NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4 NDS QL NM PA
REMICADE SOLR 100mg	4 NDS NM PA
RENFLEXIS SOLR 100mg	4 NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4 NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4 NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4 NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4 NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4 NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4 NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4 NDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits	
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
STELARA SOLN 130mg/26ml	4	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	4	NDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits	
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg	1	
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	3	B/D QL
methotrexate sodium TABS 2.5mg	1	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	NM PA
PLAQUENIL TABS 200mg	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			
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	NM PA	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA			
SOVUNA TABS 200mg, 300mg	3		HYQVIA INJ 2.5-200	4	NDS NM PA			
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HYQVIA INJ 5-400	4	NDS NM PA			
XATMEP SOLN 2.5mg/ml	3	B/D	HYQVIA INJ 10-800	4	NDS NM PA			
IMMUNOGLOBULINS								
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA	HYQVIA INJ 20-1600	4	NDS NM PA			
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA	HYQVIA INJ 30-2400	4	NDS NM PA			
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA			
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA			
CYTOGAM SOLN 50mg/ml	4	NDS B/D NM	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA			
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA			
GAMASTAN INJ 3 B/D NM			IMMUNOMODULATORS					
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA			
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA	ARCALYST SOLR 220mg	4	NDS NM PA			
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA	GRASTEK SUBL 2800bau	3	PA			
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA	ILARIS SOLN 150mg/ml	4	NDS NM PA			
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA			
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM	ODACTRA SUB	3	PA			

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Drug Name	Drug Requirements/ Tier Limits		
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA	
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA	
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM PA	
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM PA	
RAGWITEK SUBL 12amba1- u	3	PA	
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA	
VYVGART SOLN 400mg/20ml	4	NDS NM PA	
VYVGART INJ HYTRULO	4	NDS NM PA	
IMMUNOSUPPRESSANTS			
ASTAGRAF XL CP24 5mg	4	NDS B/D NM	
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM	
ATGAM SOLN 50mg/ml	4	NDS B/D	
azasan TABS 75mg, 100mg	1	B/D	
azathioprine (generic of IMURAN) TABS 50mg	1	B/D	
azathioprine TABS 75mg, 100mg	1	B/D	
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA	
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM	
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM	
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM	
ENVARSUS XR TB24 4mg	4	NDS B/D NM	
ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM	

Drug Name	Drug Requirements/ Tier Limits		
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM	
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	
IMURAN TABS 50mg	3	B/D	
LUPKYNIS CAPS 7.9mg	4	NDS NM PA	
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	
MYFORTIC TBEC 180mg	3	B/D NM	
MYFORTIC TBEC 360mg	4	NDS B/D NM	
MYHIBBIN SUSP 200mg/ml	4	NDS B/D NM	
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA	
NULOJIX SOLR 250mg	4	NDS B/D NM	
PROGRAF CAPS 5mg	4	NDS B/D NM	
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM	
RAPAMUNE TABS 1mg, 2mg	4	NDS B/D NM	
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM	
SANDIMMUNE CAPS 100mg	4	NDS B/D NM	
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA	
sirolimus SOLN 1mg/ml	4	NDS B/D NM	
sirolimus TABS .5mg, 1mg, 2mg	1	B/D NM	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
VACCINES								
ABRYSVO SOLR 120mcg/0.5ml	1		QUADRACEL INJ 0.5ML	1				
ACTHIB INJ	1		RABAVERT INJ	1	B/D			
ADACEL INJ	1		RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D			
AREXVY SUSR 120mcg/0.5ml	1		ROTARIX SUS	1				
BCG VACCINE SOLR 50mg	1		ROTATEQ SOL	1				
BEXSERO SUSY .5ml	1		SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL			
BOOSTRIX INJ	1		TENIVAC INJ 5-2LF	1	B/D			
DAPTACEL INJ	1		TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1				
DENGVAXIA SUS	1		TRUMENBA SUSY .5ml	1				
DIP/TET PED INJ 25-5LFU 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D	TWINRIX INJ	1				
GARDASIL 9 SUSP .5ml; SUSY .5ml	1		TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1				
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1		VAQTA SUSP 25unit/0.5ml, 50unit/ml	1				
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D	VARIVAX SUSR 1350pfu/0.5ml	1				
HIBERIX SOLR 10mcg	1		VAXCHORA SUS	1				
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D	VIVOTIF CAP EC	1				
INFANRIX INJ	1		YF-VAX INJ	1				
IPOL INJ INACTIVE	1		NUTRITIONAL/SUPPLEMENTS					
IXCHIQ INJ	1		ELECTROLYTES/MINERALS,					
IXIARO INJ	1		INJECTABLE					
JYNNEOS SUSP .5ml	1	B/D	D2.5W/NAACL INJ 0.45%	3				
KINRIX INJ	1		D5W/LYTES INJ #48	3				
M-M-R II INJ	1		D10W/NAACL INJ 0.2%	2				
MENACTRA INJ	1		dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1				
MENQUADFI SOLN .5ml	1		dextrose 5% in lactated ringers	1				
MENVEO INJ	1		dextrose 5% w/ sodium chloride 0.2%	1				
MENVEO SOL	1		dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1				
MRESVIA SUSY 50mcg/0.5ml	1		dextrose 5% w/ sodium chloride 0.9%	1				
PEDIARIX INJ 0.5ML	1							
PEDVAX HIB SUSP 7.5mcg/0.5ml	1							
PENBRAYA INJ	1							
PENTACEL INJ	1							
PRIORIX INJ	1							
PROQUAD INJ	1							

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Drug Name	Drug Requirements/ Tier Limits
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
KCL/D5W/LACT INJ 20MEQL	3
KCL/D5W/NACL INJ 0.3/0.9% 3 lactated ringer's solution	1

Drug Name	Drug Requirements/ Tier Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
magnesium sulfate SOLN 50%	2
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2
MG SO4/D5W INJ 10MG/ML	2
multiple electrolytes ph 5.5	1
multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)	1
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
POT CHL 20MEQ/L IN NACL 0.9% INJ	3
POT CHL 20MEQ/L IN NACL 0.45% INJ	3
POT CHL 40MEQ/L IN NACL 0.9% INJ	3
potassium chloride SOLN 2meq/ml	1
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con PACK 20meq	1
klor-con 8 TBCR 8meq	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
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride	1	
microencapsulated crystals er TBCR 10meq, 15meq, 20meq		
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin- neomycin-hc ophth oint 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)		
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN 1.5%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL
QL (12 mL / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5% QL (12 mL / 30 days)	3	QL
XDEMVY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>dilfluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	

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

Drug Name	Drug Requirements/ Tier	Limits
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth)	1	
SOLN 4%		
epinastine hcl (ophth) SOLN .05%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
bimatoprost SOLN .03%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	1	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
brinzolamide (generic of AZOPT) SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
pilocarpine hcl SOLN 1%, 2%, 4%	1	

Drug Name	Drug Requirements/ Tier	Limits
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
tafluprost (generic of ZIOPTAN) SOLN .015mg/ml	1	
timolol hemihydrate (ophth) (generic of BETIMOL) SOLN .5%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1	
timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
travoprost (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
CEQUA SOLN .09%	3	QL PA
QL (60 single use vials / 30 days)		
CIMERLI SOLN .3mg/0.05ml	3	NM PA
CIMERLI SOLN .5mg/0.05ml	4	NDS NM PA
CYSTADROPS SOLN .37%	4	NDS NM PA
CYSTARAN SOLN .44%	4	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier Limits	
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 ml / year)	4	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	4	NDS NM 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 PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM PA
TYRVAYA SOLN .03mg/act	3	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	4	NDS QL PA
VEVYE SOLN .1%	4	NDS PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Requirements/ Tier Limits			
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS				
ANORO ELLIPT AER 62.5-25				
QL (60 blisters / 30 days)	2	QL		
BEVESPI AER 9-4.8MCG	2	QL		
QL (1 inhaler / 30 days)				
BREZTRI AERO AER SPHERE	2	QL		
QL (1 inhaler / 30 days)				
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL		
QL (4 inhalers / 28 days)				
COMBIVENT AER 20-100	3	QL		
QL (2 inhalers / 30 days)				
DUAKLIR AER 400/12	3	QL		
QL (1 inhaler / 30 days)				
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D		
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	3	QL		
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL		
QL (60 blisters / 30 days)				
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL		
QL (60 blisters / 30 days)				
ANTICHOLINERGICS				
ATROVENT HFA AERS 17mcg/act	3	QL		
QL (2 inhalers / 30 days)				
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL		
QL (30 blisters / 30 days)				
<i>ipratropium bromide</i> SOLN .02%	1	B/D		
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1			
SPIRIVA HANDIHALER CAPS 18mcg	3	QL		
QL (30 caps / 30 days)				

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide</i> <i>monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	3	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	3	QL
YUPELRI SOLN 175mcg/3ml	4	NDS PA
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3	QL
<i>promethazine &</i> <i>phenylephrine syrup</i> 6.25-5 mg/5ml PA applies if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	2	PA
CARBINOXAMINE MALEATE TABS 6mg PA applies if 70 years and older	3	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
<i>rycitra</i> SOLN 2mg/5ml PA applies if 70 years and older	1	PA
RYVENT TABS 6mg PA applies if 70 years and older	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS	1	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate</i> AERS	1	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS	1	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU	1	B/D .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml
<i>albuterol sulfate</i> SYRP	1	2mg/5ml; TABS 2mg, 4mg
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU	1	B/D 15mcg/2ml
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU	1	B/D 20mcg/2ml
<i>levalbuterol hcl</i> NEBU	1	B/D .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml
<i>levalbuterol tartrate</i> AERO	1	QL ST 45mcg/act QL (2 inhalers / 30 days)
PERFOROMIST NEBU	4	NDS B/D 20mcg/2ml
PROAIR RESPICLICK AEPB	3	QL 108mcg/act QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB	2	QL 50mcg/dose QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS	3	QL 2.5mcg/act QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	1	1mg/ml; TABS 2.5mg, 5mg
VENTOLIN HFA AERS	2	QL 108mcg/act QL (2 inhalers / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
VENTOLIN HFA (INSTITUTIONAL PACK)	2	QL AERS 108mcg/act QL (6 inhalers / 30 days)
XOPENEX HFA AERO	3	QL ST 45mcg/act QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg	4	NDS QL PA QL (120 tabs / 30 days)
ZYFLO TABS 600mg	4	NDS QL PA QL (120 tabs / 30 days)
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	4	NDS QL NM PA QL (84 tabs / 28 days)
ALYFTREK TAB 10-50-125	4	NDS QL NM PA QL (56 tabs / 28 days)
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRONCHITOL CAPS 40mg	4	NDS QL NM PA QL (560 caps / 28 days)
CINQAIR SOLN 100mg/10ml	4	NDS NM PA
<i>cromolyn sodium</i> NEBU	1	B/D 20mg/2ml
DALIRESP TABS 250mcg	3	QL QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL QL (30 tabs / 30 days)
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> SOAJ .3mg/0.3ml	1	
(generic of EPIPEN 2-PAK) (generic of EpiPen)		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
epinephrine (<i>anaphylaxis</i>) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1		ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
epinephrine (<i>anaphylaxis</i>) SOAJ .15mg/0.15ml,.3mg/0.3ml (generic of Adrenaclick)	1		ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3		ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3		ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA	pirfenidone (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA	pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA	pirfenidone TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM PA	PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA	roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA	roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	4	NDS QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	4	NDS QL NM PA	TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	4	NDS QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA	TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA	THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA	theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier Limits	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	1	QL QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNDSL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNDSL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier Limits	
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNURITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	3	QL
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	3	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL
fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL
fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PULMICORT FLEXHALER	3	QL	DULERA AER 50-5MCG	3	QL
AEPB 180mcg/act QL (2 inhalers / 30 days)			QL (3 inhalers / 30 days)		
QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL	DULERA AER 100-5MCG	3	QL
			QL (3 inhalers / 30 days)		
			DULERA AER 200-5MCG	3	QL
			QL (3 inhalers / 30 days)		
STEROID/BETA-AGONIST COMBINATIONS			<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA	<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL	TOPICAL DERMATOLOGY, ACNE		
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL	ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL	ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL	ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL	accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL	ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL			
<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL			
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL			
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
adapalene (generic of DIFFERIN) CREA .1%; GEL .3%	1	QL PA QL (45 gm / 30 days)
adapalene PADS .1% QL (28 swabs / 28 days)	4	NDS QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA
adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
clindacin FOAM 1% QL (100 gm / 30 days)	1	QL
clindacin etz pledges SWAB 1% QL (69 pledges / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
clindacin-p SWAB 1% QL (69 pledges / 30 days)	1	QL
CLINDAGEL GEL 1% QL (75 mL / 30 days)	4	NDS QL PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	1	QL
clindamycin phosphate (topical) FOAM 1% QL (100 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB 1% QL (69 pledges / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1-5% QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2- 3.75% (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-tretinoin gel 1.2-0.025% QL (60 gm / 30 days)	1	QL PA
dapsone (topical) (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN CREA .1% QL (45 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier Limits	
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3- 2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
ery PADS 2% QL (60 pledges / 30 days)	1	QL
erythromycin (acne aid) (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
neuac gel 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier Limits	
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
tretinoin (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
tretinoin microsphere GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	1	QL PA
SILVADENE CREA 1% silver sulfadiazine (generic of SILVADENE) CREA 1%	3	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77% QL (100 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ciclopirox SHAM 1% QL (120 mL / 30 days)	1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	1	QL
ketoconazole (topical) FOAM 2% QL (100 gm / 30 days)	1	QL PA
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
ketodan FOAM 2% QL (100 gm / 30 days)	1	QL PA
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
luliconazole CREA 1% QL (60 gm / 30 days)	1	QL ST
LUZU CREA 1% QL (60 gm / 30 days)	3	QL ST
miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35% QL (50 gm / 30 days)	1	QL PA
naftifine hcl CREA 1% QL (90 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
naftifine hcl CREA 2% QL (60 gm / 30 days)	1	QL
naftifine hcl (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
nystatin (topical) POWD 100000unit/gm 100000unit/gm QL (60 gm / 30 days)	1	QL
nystop POWD 100000unit/gm 1 QL (60 gm / 30 days)	1	QL
oxiconazole nitrate CREA 1% QL (90 gm / 30 days)	1	QL PA
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
selenium sulfide LOTN 2.5% VUSION OIN QL (50 gm / 30 days)	1	
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	1	QL PA
calcipotriene-betamethasone 1 dipropionate oint 0.005- 0.064% QL (400 gm / 28 days)	1	QL PA
calcipotriene-betamethasone 1 dipropionate susp 0.005- 0.064% (generic of TACLONEX) QL (420 gm / 28 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier Limits	
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcitriol (topical)</i> OINT 3mcg/gm QL (800 gm / 28 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	4	NDS QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
TACLONEX SUS QL (420 gm / 28 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05%, .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
VECTICAL OINT 3mcg/gm QL (800 gm / 28 days)	4	NDS QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits	
<i>betamethasone dipropionate</i> augmented CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL PA
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> emulsion FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1% QL (90 gm / 30 days)	1	QL PA
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
DESOWEN CREA .05% QL (60 gm / 30 days)	3	QL PA
<i>desoximetasone</i> (generic of TOPICORT) CREA .05%; OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) CREA .25%; OINT .25% QL (100 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL PA
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>flurandrenolide</i> CREA .05% QL (120 gm / 30 days)	1	QL PA
<i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days)	1	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 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	Drug Requirements/ Limits
<i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days)	1	QL PA
<i>halcinonide</i> SOLN .1% QL (120 mL / 30 days)	1	QL PA
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05% QL (200 gm / 28 days)	1	QL PA
HALOG CREA .1% QL (240 gm / 30 days)	3	QL PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> LOTN .1% QL (118 mL / 30 days)	1	QL PA
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone butyrate</i> hydrophilic lipo base CREA .1% QL (60 gm / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days)	1	QL
LEXETTE FOAM .05% QL (200 gm / 28 days)	3	QL PA
LOCOID LOTN .1% QL (118 mL / 30 days)	3	QL PA
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>texacort</i> SOLN 2.5%	1	
TOPICORT CREA .05%; OINT .05% QL (100 gm / 30 days)	3	QL PA
TOPICORT CREA .25% QL (100 gm / 30 days)	3	QL
TOPICORT GEL .05% QL (60 gm / 30 days)	3	QL PA
TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> OINT .05% QL (430 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
acyclovir topical (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
azelaic acid (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
brimonidine tartrate (topical) (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
diclofenac sodium (actinic keratoses) GEL 3% QL (100 gm / 30 days)	1	QL PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	1	QL
diclofenac sodium (topical) (generic of PENNSAID) SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
doxepin hcl (antipruritic) (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
hydrocortisone (rectal) CREA 1% hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA
<i>imiquimod</i> (generic of ZYCLARA) CREA 3.75% QL (28 packets / 28 days)	1	QL
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75% QL (7.5 gm / 28 days)	1	QL
ivermectin (rosacea) (generic of SOOLANTRA) CREA 1% QL (45 gm / 30 days)	1	QL PA
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA
METROGEL GEL 1% QL (60 gm / 30 days)	3	QL PA
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1% QL (60 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 PA
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
PENNSAID SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOOLANTRA CREA 1% QL (45 gm / 30 days)	3	QL PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7% QL (45 gm / 30 days)	3	NM PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX CREA 5% QL (5 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	4	NDS QL
ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days)	4	NDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
malathion LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9% QL (59 mL / 30 days)	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
permethrin (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10% QL (30 tubes / 30 days)	4	NDS QL NM PA
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i>	1	
SOLN .9%		
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
kourzeq PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
SOLN 2%		
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-833-825-6755 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 05/27/2025. For more recent information or other questions, please contact Customer Care at 1-833-825-6755, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

05/27/2025