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***SilverScript (EGWP) Employer PDP for MHBP Value Plan
(SilverScript (EGWP))***

**2026 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 04/24/2026. 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: 26021

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 Drug List (formulary) for our plan, which is current as of April 24, 2026. 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, 2027, and from time to time during the year.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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 total out-of-pocket costs.

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: [SilverScriptEmployerPDP.MemberDoc.com](https://www.silver-script.com/MemberDoc.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 the drug that is being changed. For more information, see the

section below titled “How do I request an exception to the SilverScript (EGWP)'s 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)'s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 April 24, 2026. 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 on 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)'s 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 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)'s 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.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary, and 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.

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.

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	\$10.00	\$20.00	\$10.00
Tier 2: Preferred Brand	\$47.00	\$140.00	\$47.00
Tier 3: Non-Preferred Brand	\$100.00	\$250.00	\$100.00
Tier 4: Specialty (High Cost)	33% of total cost Maximum \$250.00	33% of total cost Maximum \$400.00	33% of total cost Maximum \$250.00

For long term supply cost information, please refer to your *Evidence of Coverage*.

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 MHBP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from MHBP would be covered under the 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

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. Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary.
- 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
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/50ml, 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl (analgesia)</i> (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
COMBOGESIC INJ 300-1000	3	
<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
DOLOBID TABS 375mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>fenopropfen calcium</i> CAPS 400mg QL (240 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
FENOPRON CAPS 300mg QL (240 caps / 30 days)	4	NDS QL PA
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ibuprofen TABS 300mg QL (120 tabs / 30 days)	4	NDS QL
ibuprofen-famotidine tab 800- 26.6 mg QL (90 tabs / 30 days)	1	QL PA
ketoprofen CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
ketoprofen CAPS 50mg QL (180 caps / 30 days)	4	NDS QL PA
ketoprofen CP24 200mg QL (30 caps / 30 days)	1	QL PA
ketorolac tromethamine TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
lofena TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
LURBIRO TABS 100mg	4	NDS
meclofenamate sodium CAPS 50mg, 100mg	1	
mefenamic acid CAPS 250mg	1	
meloxicam CAPS 5mg, 10mg QL (30 caps / 30 days)	1	QL PA
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
NAPRELAN TB24 375mg QL (120 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 500mg QL (90 tabs / 30 days)	4	NDS QL PA
naproxen SUSP 125mg/5ml QL (1800 mL / 30 days)	1	QL PA
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	1	QL
naproxen dr TBEC 500mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
naproxen sodium TABS 275mg, 550mg	1	
naproxen sodium (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
naproxen sodium TB24 750mg QL (60 tabs / 30 days)	1	QL PA
naproxen-esomeprazole magnesium tab dr 375-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
naproxen-esomeprazole magnesium tab dr 500-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
ORUDIS CAPS 75mg QL (120 caps / 30 days)	4	NDS QL PA
oxaprozin TABS 600mg	1	
piroxicam CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	NDS PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	4	NDS QL NM PA
sulindac TABS 150mg, 200mg	1	
tolectin 600 TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
tolmetin sodium CAPS 400mg	4	NDS
tolmetin sodium TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
VYSCOXA SUSP 10mg/ml QL (946 mL / 21 days)	4	NDS QL PA
XIFYRM SOLN 30mg/ml	3	
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
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

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA	<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	4	NDS QL PA	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
OPIOID ANALGESICS, SHORT-ACTING			<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN</i> 1mg/ml, 2mg/ml	3		<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN</i> 10mg/ml QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>codeine sulfate TABS 30mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D	<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydromorphone hcl SOLN</i> 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL	<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL			
<i>endocet tab 5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL			
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (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
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> 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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>tapentadol hcl</i> (generic of NUCYNTA) TABS 50mg QL (180 tabs / 30 days)	1	QL
<i>tapentadol hcl</i> (generic of NUCYNTA) TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 25mg QL (120 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 75mg QL (150 tabs / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL PA
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (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
BLUJEPa TABS 750mg	2	
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	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg	4	NDS
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NAACL INJ 350/50ML	3	
DAPTOMY/NAACL 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
EMBLAVEO INJ 2GM	4	NDS
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>fosfomycin tromethamine</i> PACK 3gm	1	
<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	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 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> 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/NAACL INJ 1GM/50ML	3	
MEROP/NAACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	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
NITROFURANTOIN SUSP 50mg/5ml	4	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
ORLYNVAH TAB 500-500	4	NDS NM
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	4	NDS
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole- trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	4	NDS PA
<i>trimethoprim</i> TABS 100mg	1	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	3	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days)	1	QL	<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>vancomycin hcl</i> SOLR 250mg/5ml QL (1800 mL / 180 days)	1	QL	<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
VANCOMYCIN INJ 1 GM	3		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
VANCOMYCIN INJ 500MG	3		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
VANCOMYCIN INJ 750MG	3		<i>fulvicin p/g 165</i> TABS 165mg	4	NDS
VIBATIV SOLR 750mg	4	NDS	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
XACDURO INJ 1-1GM	4	NDS	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL	<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
ZEMDRI SOLN 500mg/10ml	4	NDS	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
ZYVOX SOLN 600mg/300ml	4	NDS	<i>itraconazole</i> SOLN 10mg/ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>ketoconazole</i> TABS 200mg	1	PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	MICAFUNGIN SOLR 50mg, 100mg	4	NDS
ANTIFUNGALS			<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
AMBISOME SUSR 50mg	4	NDS B/D	MICAFUNGIN/NAACL INJ 50MG/50ML	4	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	MICAFUNGIN/NAACL INJ 100MG/100ML	4	NDS
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D	MICAFUNGIN/NAACL INJ 150MG/150ML	4	NDS
ANCOBON CAPS 250mg, 500mg	4	NDS PA	MYCAMINE SOLR 50mg, 100mg	4	NDS
CANCIDAS SOLR 50mg, 70mg	4	NDS	NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS	NOXAFIL SOLN 300mg/16.7ml	4	NDS
<i>caspofungin acetate</i> (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg	1		NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA	<i>nystatin</i> TABS 500000unit	1	
DIFLUCAN SUSR 40mg/ml	3		<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
ERAXIS SOLR 50mg	3				
ERAXIS SOLR 100mg	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>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
<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 QL (120 caps / 30 days)	4	NDS QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
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> 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 tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 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	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> 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
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
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>rilpivirine hcl</i> (generic of EDURANT) TABS 25mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 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
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> (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

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 675/150	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NDS NM
TRUVADA TAB 100-150	4	NDS NM
TRUVADA TAB 133-200	4	NDS NM
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	4	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg</i>	1	
<i>rifampin (generic of RIFADIN) SOLR 600mg</i>	1	
SIRTIURO TABS 20mg, 100mg	4	NDS NM PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDGE SOLN .05mg/ml	4	NDS NM ST
BARACLUDGE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir SOLN 75mg/ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>entecavir (generic of BARACLUDGE) TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml</i>	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium SOLR 500mg</i>	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate CAPS 30mg</i>	1	QL
QL (168 caps / year)		
<i>oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg</i>	1	QL
QL (84 caps / year)		
<i>oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml</i>	1	QL
QL (1080 mL / year)		
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA	CEFAZOLIN SOLR 2gm, 3gm	3	
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS	CEFAZOLIN INJ 1GM/50ML	3	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
RAPIVAB SOLN 200mg/20ml	4	NDS	CEFAZOLIN SOLN 2GM/100ML-4%	3	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL	CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM	CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
<i>rimantadine hydrochloride</i> TABS 100mg	1		CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL	CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
TAMIFLU CAPS 75mg QL (84 caps / year)	3	QL	<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL	CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1		<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS	CEFEPIME/DEX INJ 1GM	3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS	CEFEPIME/DEX INJ 2GM	3	
<i>valganciclovir hcl</i> TABS 450mg	1		<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	1	
VALTREX TABS 1gm, 500mg	3		<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
VEMLIDY TABS 25mg	4	NDS NM PA	CEFOXITIN INJ 1GM	3	
VOSEVI TAB	4	NDS NM PA	CEFOXITIN INJ 2GM	3	
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
CEPHALOSPORINS			<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
AVYCAZ INJ 2-0.5GM	4	NDS	<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1		<i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg	4	NDS
CEFACLOR ER TB12 500mg	3		<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
			<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		ZITHROMAX TRI-PAK TABS 500mg	3	
FETROJA SOLR 1gm	4	NDS	ZITHROMAX Z-PAK TABS 250mg	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		FLUOROQUINOLONES		
TEFLARO SOLR 400mg, 600mg	4	NDS	BAXDELA SOLR 300mg; TABS 450mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS	CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
ZEVTERA SOLR 667mg	4	NDS	<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
ERYTHROMYCINS/MACROLIDES			<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>azithromycin</i> SUSR 100mg/5ml; TABS 600mg	1		<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
ERYTHROCIN	3		<i>moxifloxacin hcl</i> TABS 400mg	1	
LACTOBIONATE SOLR 500mg			<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		PENICILLINS		
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS	<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1				
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	4	NDS			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1		PIP/TAZ/NAACL INJ 2-0.25GM	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1		PIP/TAZ/NAACL INJ 3-0.375G	3	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		PIP/TAZ/NAACL INJ 4-0.5GM	3	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
AUGMENTIN TAB 500MG	3		UNASYN INJ 1.5GM	3	
BICILLIN C-R INJ 900/300	3		UNASYN INJ 3GM	3	
BICILLIN C-R INJ 1200000	3		UNASYN INJ 15GM	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3		ZOSYN SOL 2-0.25GM	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1		ZOSYN SOL 3-0.375G	3	
NAFCILLIN INJ 2GM/100	4	NDS	ZOSYN SOL 4-0.50GM	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1		TETRACYCLINES		
<i>nafcillin sodium SOLR 10gm</i>	4	NDS	<i>demeclocycline hcl TABS 150mg, 300mg</i>	1	
			DORYX MPC TBEC 60mg	4	NDS PA
			<i>doxy 100 SOLR 100mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1		<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg	1		<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
<i>doxycycline hyclate</i> TBEC 50mg, 75mg, 100mg, 150mg, 200mg	1	PA	CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
NUZYRA SOLR 100mg	4	NDS NM	<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM	CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA	CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
<i>targadox</i> TABS 50mg	1		FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
<i>tetracycline hcl</i> CAPS 250mg, 1 500mg	1		GLEOSTINE CAPS 10mg, 40mg	3	NM
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	NDS PA	GLEOSTINE CAPS 100mg	4	NDS NM
TIGECYCLINE SOLR 50mg	4	NDS	GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1		IFEX SOLR 3gm	3	B/D
TYGACIL SOLR 50mg	4	NDS	<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
XERAVAL SOLR 50mg, 100mg	3		IFOSFAMIDE SOLR 3gm	3	B/D
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS			KYXATA SOLN 80mg/8ml, 500mg/50ml	4	NDS B/D NM
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM	LEUKERAN TABS 2mg	4	NDS PA
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM	<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM	<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	4	NDS NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D	<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml	1	B/D	<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D
			TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
			VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
			ZEPZELCA SOLR 4mg	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	4	NDS B/D NM
AXTLE SOLR 100mg, 500mg <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	4	NDS QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	NDS B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	4	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
<i>pralatrexate</i> (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	4	NDS PA
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CAMCEVI PRSY 42mg	3	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

Drug Name	Drug Requirements/ Tier	Limits
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	4	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ORGOVYX TABS 120mg	4	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<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
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
ELLENCES 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
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
KHAPZORY SOLR 175mg	4	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>mesna</i> (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>mitoxantrone hcl</i> CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml	1	B/D NM
MODEYSO CAPS 125mg QL (20 caps / 28 days)	4	NDS QL NM PA
NIPENT SOLR 10mg	4	NDS B/D
ONCASPASOLN 750unit/ml	4	NDS NM PA
ONIVYDE SUSP 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
VYKOURA SOLN 50mg/5ml	3	B/D NM
VYKOURA SOLN 350mg/35ml, 500mg/50ml	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
BEIZRAY CONC 20mg/ml	3	B/D NM
BEIZRAY INJ 80MG/4ML	4	NDS B/D NM
BEIZRAY INJ 160/8ML	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
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 100mg</i> (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
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
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
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
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
BLENREP SOLR 70mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA	EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA	EMRELIS SOLR 20mg, 100mg	4	NDS NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ENHERTU SOLR 100mg	4	NDS NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ENSACOVE CAPS 25mg QL (270 caps / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ENSACOVE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA	EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA	ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA	ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA	<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA	<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 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
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 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
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
DATROWAY SOLR 100mg	4	NDS NM PA	FYARRO SUSR 100mg	4	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA	IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA	IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
HERCESSI SOLR 150mg, 420mg	4	NDS NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA	IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA	ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	4	NDS QL NM PA	ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA	JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	JOBEVNE SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA	KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA	KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	4	NDS QL NM PA
			KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA	LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	4	NDS QL NM PA	LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	4	NDS QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA	LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	4	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NDS NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA	MARGENZA SOLN 250mg/10ml	4	NDS NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
			MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
			MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA

Drug Name	Tier	Drug Requirements/ Limits
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PHESGO SOL	4	NDS NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA	TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
RYBREVANT INJ FASPRO	4	NDS NM PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA	TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA	TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TIVDAK SOLR 40mg	4	NDS NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA	TORISEL SOLN 25mg/ml	4	NDS B/D NM
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 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	TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA	TRODELVY SOLR 180mg	4	NDS NM PA
			TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA	VYLOY SOLR 100mg, 300mg	4	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 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
VANFLYTA TABS 17.7mg, 26.5mg QL (56 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
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM	XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM PA
VELCADE SOLR 3.5mg	4	NDS NM PA	XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA	XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA	YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA	ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ZIIHERA SOLR 300mg	4	NDS NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS 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			

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Drug Name	Drug Requirements/ Tier	Limits
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA

**CARDIOVASCULAR
ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	

Drug Name	Drug Requirements/ Tier	Limits
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	4	NDS
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL	AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL	AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL	AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL	BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL	BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-320-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL	BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL	<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil-hydrochlorothiazide</i> 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

Drug Name	Drug Requirements/ Tier	Limits
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	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	
<i>irbesartan-hydrochlorothiazide</i> <i>tab 150-12.5 mg (generic of</i> <i>AVALIDE)</i> QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide</i> <i>tab 300-12.5 mg (generic of</i> <i>AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-</i> <i>12.5 mg (generic of HYZAAR)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>12.5 mg (generic of HYZAAR)</i>	1	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>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-</i> <i>hydrochlorothiazide tab 20-</i> <i>12.5 mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-</i> <i>12.5 mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25</i> <i>mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-</i> <i>12.5 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>12.5 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>25 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>12.5 mg (generic of</i> <i>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>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 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
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-25MG 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
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml QL (330 mL / 30 days)	3	QL
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
<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> SOLN 4mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/afI)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days)	1	QL ST
<i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days)	1	QL ST
<i>fenofibrate</i> TABS 40mg QL (60 tabs / 30 days)	1	QL ST
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate</i> TABS 120mg QL (30 tabs / 30 days)	1	QL ST
<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>fenofibrate micronized</i> CAPS 130mg QL (30 caps / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days)	1	QL ST
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL ST
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL ST
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (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 CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<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
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colestevlam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin (antihyperlipidemic)</i> TABS 500mg	1	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>niacor</i> TABS 500mg	1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL 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
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
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	
CARDAMYST SOLN 70mg/dose	4	NDS
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; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		NORVASC TABS 2.5mg, 5mg, 10mg	3	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		NYMALIZE SOLN 6mg/ml	4	NDS
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		PROCARDIA XL TB24 30mg, 60mg	3	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		SDAMLO SOLR 2.5mg, 5mg, 10mg	4	NDS QL PA
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		QL (30 bottles / 30 days)		
<i>isradipine</i> CAPS 2.5mg, 5mg	1		SULAR TB24 8.5mg, 17mg, 34mg	3	
KATERZIA SUSP 1mg/ml	3		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		DIURETICS		
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
NICARDIPINE SOL 20/200ML	3		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
NICARDIPINE SOL 40/200ML	3		<i>amiloride hcl</i> TABS 5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	4	NDS	<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg	1		DIURIL SUSP 250mg/5ml	3	
<i>nisoldipine</i> TB24 34mg	1		DYRENIUM CAPS 50mg, 100mg	3	
NORLIQVA SOLN 1mg/ml	3		EDECIN TABS 25mg	4	NDS
			ENBUMYST SOLN .5mg/0.1ml	4	NDS
			<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
			FUROSCIX CTKT 80mg/10ml	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>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	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
LASIX ONYU CTKT 80mg/2.67ml	4	NDS
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOANZ TABS 40mg	3	
<i>spironolactone</i> & <i>hydrochlorothiazide tab 25-25</i> <i>mg</i>	1	
THALITONE TABS 15mg	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap 37.5-</i> <i>25 mg</i>	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab 75-50</i> <i>mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>10 mg</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>20 mg</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>40 mg</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-10</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-20</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-40</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-80</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-10</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-20</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-40</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-80</i> <i>mg (generic of CADUET)</i>	1	
ATTRUBY TBPk 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	

Drug Name	Drug Requirements/ Tier	Limits
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine TB24 .17mg	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSEER CAPS 250mg	4	NDS NM PA
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
epinephrine (generic of ADRENALIN) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
JAVADIN SOLN .02mg/ml	3	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
methyl dopa TABS 250mg, 500mg PA applies if 65 years and older	3	PA
metyrosine CAPS 250mg	4	NDS NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
phenoxybenzamine hcl CAPS 10mg	4	NDS PA
ranolazine TB12 500mg, 1000mg	1	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA	<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA	<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA	LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
NITRATES			OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1		OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>isosorbide dinitrate</i> TABS 40mg	1	ST	OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	4	NDS QL NM PA
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3		ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1		ORENITRAM TBCR .125mg	3	NM PA
NITRO-BID OINT 2%	2		ORENITRAM TAB MONTH 1	4	NDS NM PA
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3		ORENITRAM TAB MONTH 2	4	NDS NM PA
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS	ORENITRAM TAB MONTH 3	4	NDS NM PA
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1		REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1		REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
NITROLINGUAL SOLN .4mg/spray	3		<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
NITROSTAT SUBL .3mg, .4mg, .6mg	3		<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
PULMONARY ARTERIAL HYPERTENSION			<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>tadalafil</i> (<i>pulmonary hypertension</i>) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA			
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA			
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
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</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg 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
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO REFILL KIT SOLN .6mg/ml	4	NDS NM PA
TYVASO STARTER KIT SOLN .6mg/ml	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
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
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL
BUCAPSOL CAPS 7.5mg, 10mg QL (60 caps / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
BUCAPSOL CAPS 15mg QL (120 caps / 30 days)	4	NDS QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	3	QL PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>oxazepam</i> 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
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ANTIDEMENTIA		
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABs 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1		<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg 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 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 ST
NAMZARIC CAP 14-10MG	3		CELEXA TABS 10mg, 20mg, 40mg	3	
NAMZARIC CAP 21-10MG	3		CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL ST
NAMZARIC CAP 28-10MG	3		<i>citalopram hydrobromide SOLN</i> 10mg/5ml	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>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
ANTIDEPRESSANTS			<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA	DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA	<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	<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL ST	DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL ST			
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA			
<i>bupropion hcl</i> TABS 75mg, 100mg	1				
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	3	QL
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	4	NDS QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	4	NDS QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>fluoxetine hcl</i> TABS 10mg, 60mg QL (30 tabs / 30 days)	1	QL
<i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>fluoxetine hcl (pmd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL
<i>fluoxetine hcl (pmd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL ST
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>sertraline hcl</i> (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg QL (30 caps / 30 days)	1	QL ST
PAXIL TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	3	PA	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL ST
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA	SPRAVATO SOL 56MG DOS	4	NDS NM PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA	SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older	2	PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 65 years and older	2	PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 65 years and older	2	PA	<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL	TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
<i>protriptyline hcl</i> TABS 5mg, 10mg	3		VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL ST
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
REMERON TABS 15mg, 30mg	3		<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
REMERON SOLTAB TB24 15mg, 30mg, 45mg	3		<i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days)	1	QL ST
			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

Drug Name	Drug Requirements/ Tier	Limits
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL ST
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	4	NDS QL ST
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	4	NDS QL ST
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 65 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	

Drug Name	Drug Requirements/ Tier	Limits
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	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	
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	
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 entacapone TABS 200mg	4	NDS B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
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
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	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
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 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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL	OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>pimozide</i> TABS 1mg, 2mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg 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>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	1	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL	REXULTI TABS .25mg, .5mg, 4 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST	RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL ST			

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Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<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 microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
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, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 300mg, 400mg QL (60 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 .5mg, .75mg, 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 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA	CARBATROL CP12 100mg, 200mg, 300mg	3	
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA	CELONTIN CAPS 300mg	3	
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
ANTISEIZURE AGENTS			<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>brivaracetam</i> (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA	DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
<i>brivaracetam</i> (generic of BRIVIACT) SOLN 50mg/5ml	1	PA	DEPAKOTE ER TB24 250mg, 500mg	3	
<i>brivaracetam</i> (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA	DEPAKOTE SPRINKLES CSDR 125mg	3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
BRIVIACT SOLN 50mg/5ml	3	PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1		DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1				
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA	<i>felbamate</i> SUSP 600mg/5ml	1	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1		<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1		FELBATOL TABS 400mg, 600mg	4	NDS
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA	FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
DILANTIN CAPS 30mg, 100mg	3		FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA
DILANTIN INFATABS CHEW 50mg	3		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
DILANTIN-125 SUSP 125mg/5ml	3		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
ELEPSIA XR TB24 1000mg	3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
ELEPSIA XR TB24 1500mg	4	NDS	<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA	GABARONE TABS 100mg QL (360 tabs / 30 days)	4	NDS QL PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA	GABARONE TABS 400mg QL (270 tabs / 30 days)	4	NDS QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL	KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL	KEPPRA TABS 250mg	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		KEPPRA XR TB24 500mg, 750mg	4	NDS
			KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
			KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
			<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	

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>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	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	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	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LEVETIR/NAACL INJ 5MG/ML	3	
LEVETIR/NAACL INJ 10MG/ML	3	
LEVETIR/NAACL INJ 15MG/ML	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
<i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)	1	QL
<i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)	1	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	3	QL PA
MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
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

Drug Name	Drug Requirements/ Tier	Limits
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	NDS PA
<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA	SUBVENITE SUSP 10mg/ml <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	4	NDS ST
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA	<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA	<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>primidone</i> TABS 125mg	1		SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	1		TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA	<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	TOPAMAX TABS 25mg	3	
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA	TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA	TOPAMAX SPRINKLE CPSP 15mg	3	
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	TOPAMAX SPRINKLE CPSP 25mg	4	NDS
			<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA
			<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA
			<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>topiramate</i> CPSP 50mg	1		VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>topiramate</i> CS24 25mg QL (480 caps / 30 days)	1	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>topiramate</i> CS24 50mg QL (240 caps / 30 days)	1	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>topiramate</i> CS24 100mg QL (120 caps / 30 days)	1	QL PA	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA	VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS	VIMPAT SOLN 200mg/20ml	4	NDS
TRILEPTAL TABS 150mg	3		VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA	VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA	XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
TROKENDI XR CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
<i>valproic acid</i> CAPS 250mg	1				
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL			

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

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	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
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA	INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA	INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	2	QL PA			

Drug Name	Drug Requirements/ Tier	Limits
<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, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 20mg 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
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
QELBREE 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
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA	EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA	<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA	HETLIOZ CAPS 20mg QL (30 caps / 30 days) NDS QL NM PA	4	
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA	HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days) NDS QL NM PA	4	
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
HYPNOTICS			RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA			
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA			
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL			
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL			

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Drug Name	Drug Requirements/ Tier	Limits
ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	4	NDS QL NM PA
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA	RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL ST
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA	RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	1	QL PA	REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST	REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL	<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>migergot</i> QL (20 suppositories / 28 days)	4	NDS QL PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL	<i>sumatriptan-naproxen sodium</i> <i>tab 85-500 mg</i> (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA	SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days)	3	QL ST
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST	TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST

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Drug Name	Drug Requirements/ Tier	Limits
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	4	NDS NM PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<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, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 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

Drug Name	Drug Requirements/ Tier	Limits
DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	4	NDS QL NM PA
DAYBUE STIX PACK 8000mg QL (60 packets / 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 QL (300 tabs / 30 days)	4	NDS QL NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 450mg, 600mg QL (90 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 750mg, 900mg QL (60 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older	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	
<i>pyridostigmine bromide</i> TABS 1 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	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 QL (600 mL / 30 days)	4	NDS QL NM PA
TONMYA SUBL 2.8mg QL (60 tabs / 30 days)	4	NDS QL PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml <i>cladribine</i> (4 tabs) (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime)	4	NDS NM PA NDS QL NM PA
<i>cladribine</i> (5 tabs) (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (6 tabs) (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cladribine (7 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA	<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>cladribine (8 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA	KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	4	NDS QL NM PA
<i>cladribine (9 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA	LEMTRADA SOLN 12mg/1.2ml	4	NDS NM PA
<i>cladribine (10 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA	MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA	MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA	MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA	MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	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	MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	4	NDS NM PA
			OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
			PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	4	NDS QL NM PA
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	4	NDS QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TYRUKO CONC 300mg/15ml	4	NDS NM PA
TYSABRI CONC 300mg/15ml	4	NDS NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DAXXIFY SOLR 100unit	3	NM PA
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fexmid</i> TABS 7.5mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
<i>metaxalone</i> TABS 400mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
ONTRALFY SOLN 2mg/5ml	3	
OZOBAX DS SOLN 10mg/5ml	4	NDS PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tanlor</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> CAPS 8mg	4	NDS
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 8mg	4	NDS
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 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	Drug Name	Drug Requirements/ Tier	Limits
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA	CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	3	QL
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA	CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	3	QL
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA	CHANTIX TAB 0.5& 1MG QL (2 packs / year)	3	QL
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA	<i>disulfiram</i> TABS 250mg, 500mg	1	
PSYCHOTHERAPEUTIC-MISC			KLOXXADO LIQD 8mg/0.1ml	2	
<i>acamprosate calcium</i> TBEC 333mg	1		<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
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	<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL	<i>naltrexone hcl</i> TABS 50mg	1	
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL	NICOTROL NS SOLN 10mg/ml	3	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL	OPVEE SOLN 2.7mg/0.1ml	3	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	REXTOVY LIQD 4mg/0.25ml	3	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	1	QL	SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	SUBOXONE MIS 2-0.5MG QL (180 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL	SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL	SUBOXONE MIS 8-2MG QL (120 films / 30 days)	3	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL	SUBOXONE MIS 12-3MG QL (90 films / 30 days)	3	QL
			<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
			<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
			VIVITROL SUSR 380mg	4	NDS NM
			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

Drug Name	Drug Requirements/ Tier	Limits
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
ZURNAI SOAJ 1.5mg/0.5ml	3	
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	4	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 200mg	1	
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
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 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 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 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
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

Drug Name	Drug Requirements/ Tier	Limits
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 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
alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-15 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-45 mg QL (30 tabs / 30 days)	3	QL ST
BRYNOVIN SOLN 25mg/ml QL (120 mL / 30 days)	3	QL ST
dapagliflozin propanediol (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
exenatide SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	1	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glimepiride</i> TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL	INVOKAMET XR TAB 150- 1000 QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> TABS 2.5mg QL (480 tabs / 30 days)	1	QL	INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL	<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL	<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
INVOKAMET XR TAB 50- 500MG QL (120 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
INVOKAMET XR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days)	4	NDS QL ST
INVOKAMET XR TAB 150- 500 QL (60 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 750mg QL (90 tabs / 30 days)	4	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA	<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA	RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL PA
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA	<i>saxagliptin hcl</i> TABS 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1		<i>saxagliptin-metformin hcl tab</i> <i>er 24hr 2.5-1000 mg</i> QL (60 tabs / 30 days)	1	QL
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>saxagliptin-metformin hcl tab</i> <i>er 24hr 5-500 mg</i> QL (30 tabs / 30 days)	1	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL	<i>saxagliptin-metformin hcl tab</i> <i>er 24hr 5-1000 mg</i> QL (30 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA	SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA	SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
			<i>sitagliptin</i> TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
			<i>sitagliptin free base-metformin</i> <i>hcl tab 50-500 mg</i> QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
sitagliptin free base-metformin hcl tab 50-1000 mg QL (60 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg QL (60 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg QL (60 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg QL (30 tabs / 30 days)	1	QL	TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL	TZIELD SOLN 2mg/2ml	4	NDS NM PA
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	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	ZITUVIO 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	B/D
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
			AFREZZA POWD 4unit, 8unit	3	
			AFREZZA POWD 12unit	4	NDS
			AFREZZA POW 4-8 UNIT	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
AFREZZA POW 4-8-12	4	NDS
AFREZZA POW 8-12UNIT	4	NDS
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
APIDRA SOLN 100unit/ml	3	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	2	
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	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMALOG SOCT 100unit/ml	3	
HUMALOG SOLN 100unit/ml	3	B/D
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMALOG TEMPO PEN SOPN 100unit/ml	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R SOLN 100unit/ml	3	B/D
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROT KWP	3	
INSULIN LISPRO SOLN 100unit/ml	3	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
KIRSTY SOLN 100unit/ml	3	B/D
KIRSTY SOPN 100unit/ml	3	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
MERILOG SOLN 100unit/ml	3	B/D
MERILOG SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	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
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	B/D
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
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 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 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

Drug Name	Drug Requirements/ Tier	Limits
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
<i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml	4	NDS B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	4	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
XTRENBO SOLN 120mg/1.7ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> TABS 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	4	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM 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
<i>kionex</i> SUSP 15gm/60ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	1	
BEYAZ TAB	3	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest</i>	1	
<i>eluryng</i> (generic of NUVARING)	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i> (generic of NUVARING)	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	

Drug Name	Drug Requirements/ Tier Limits
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>hailey fe 1/20</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jencycla</i> TABS .35mg	1
<i>jolessa</i>	1
<i>joyeaux</i> (generic of BALCOLTRA)	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (generic of BALCOLTRA)	1
<i>levora 0.15/30-28</i>	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>lojaimiess</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>luizza 1.5/30</i>	1
<i>luizza 1/20</i>	1
<i>lutra</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>meleya</i> TABS .35mg	1
<i>merzee</i> (generic of TAYTULLA)	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1

Drug Name	Drug Requirements/ Tier	Limits
<i>minzoya</i> (generic of BALCOLTRA)	1	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i> (generic of YAZ)	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive)</i> TABS .35mg	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING MIS	3	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea</i> TABS .35mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PHEXX GEL	3	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
SAFYRAL TAB	3	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i> (generic of YASMIN 28)	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i> (generic of SAFYRAL)	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i> (generic of YAZ)	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>xarah fe</i>	1	<i>estradiol</i> (generic of CLIMARA) PTWK	2
<i>xelria fe</i>	1	.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
<i>xulane</i>	1	<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
YASMIN 28 TAB 3-0.03MG	3	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
YAZ TAB 3-0.02MG	3	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>zafemy</i>	1	<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>zovia 1/35</i>	1	<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>zumandimine</i> (generic of YASMIN 28)	1	<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
ESTROGENS		<i>estradiol valerate</i> OIL 40mg/ml	1
<i>abigale</i> (generic of ACTIVELLA)	2	ESTRING RING 7.5mcg/24hr	3
<i>abigale lo</i>	2	<i>estrogens, conjugated</i> (generic of PREMARIN) TABs .3mg, .45mg, .625mg, .9mg, 1.25mg	2
ACTIVELLA TAB 1-0.5MG	3	EVAMIST SOLN 1.53mg/spray	3
BIJUVA CAP 0.5-100	3	FEMRING RING .05mg/24hr, .1mg/24hr	3
BIJUVA CAP 1-100MG	3	<i>fyavolv tab 0.5mg-2.5mcg</i>	2
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	<i>fyavolv tab 1mg-5mcg</i>	2
CLIMARA PRO DIS WEEKLY	3	IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3
COMBIPATCH DIS	3	IMVEXXY STARTER PACK INST 4mcg, 10mcg	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	<i>jinteli</i>	2
DEPO-ESTRADIOL OIL 5mg/ml	3	<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	MENOSTAR PTWK 14mcg/24hr	3
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	<i>mimvey</i> (generic of ACTIVELLA)	2
ELESTRIN GEL .06%	3		
ESTRACE CREA .1mg/gm	3		
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3		
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3		
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2		<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2		HEMADY TABS 20mg	3	PA
PREMARIN CREA .625mg/gm; SOLR 25mg	3		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2		<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
PREMPHASE TAB	2		KENALOG-10 SUSP 10mg/ml	3	B/D
PREMPRO TAB 0.3-1.5	2		KENALOG-40 SUSP 40mg/ml	3	B/D
PREMPRO TAB 0.45-1.5	2		KENALOG-80 SUSP 80mg/ml	3	B/D
PREMPRO TAB 0.625-2.5	2		KHINDIVI SOLN 1mg/ml	4	NDS PA
PREMPRO TAB 0.625-5	2		MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
VAGIFEM TABS 10mcg	3		MEDROL DOSEPAK TBPK 4mg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1		<i>methylprednisolone</i> TABS 32mg	1	B/D
GLUCOCORTICOIDS			<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	B/D
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA	<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
ALKINDI SPRINKLE CPSP .5mg	3	NM PA	<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
CELESTONE INJ SOLUSPAN	3		ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
CORTEF TABS 5mg, 10mg, 20mg	3		<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
CORTISONE ACETATE TABS 25mg	3		PREDNISOLONE SODIUM PHOSP TBDP 10mg, 15mg, 30mg	3	B/D
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D			
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	1				
DEXAMETHASONE INTENSOL CONC 1mg/ml	3				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBEC 1mg, 2mg	4	NDS B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (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	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
<i>glucagon</i> SOLR 1mg	1	
GVOKE HYOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYOPEN 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	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ACTHAR GEL PEN 40unit/0.5ml QL (28 injectors / 28 days)	4	NDS QL NM PA
ACTHAR GEL PEN 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
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
BYNFEZIA PEN SOPN 2500mcg/ml	4	NDS 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 GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
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
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
EGRIFTA WR KIT 11.6mg	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
<i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA
LANREOTIDE ACETATE 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
LYNKUET CAPS 60mg QL (60 caps / 30 days)	3	QL 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

Drug Name	Drug Requirements/ Tier	Limits
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 FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	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 SOLR 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
ORLISSA TABS 150mg, 200mg	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
OSPHEA TABS 60mg	3	PA
PALSONIFY TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PALSONIFY TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM 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 BENZYL SOLR 10000unit	3	NM PA
PROCYSBI 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
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA
REZDIFFRA 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
SEPHIENCE PACK 250mg, 1000mg	4	NDS NM PA
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 .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM 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
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
<i>tolvaptan (hyponatremia)</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	4	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL 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

Drug Name	Drug Requirements/ Tier	Limits
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	4	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		VITAMIN D ANALOGS		
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>liomny</i> (generic of CYTOMEL) 1 TABS 5mcg, 25mcg, 50mcg	1		<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>propylthiouracil</i> TABS 50mg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		RAYALDEE CPCR 30mcg	4	NDS
THYQUIDITY SOLN 100mcg/5ml	3		ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST	ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
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		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	
			CINVANTI EMUL 130mg/18ml	3	
			<i>compro</i> SUPP 25mg	1	
			DICLEGIS TAB 10-10MG	3	
			DIMENHYDRINATE SOLN 50mg/ml	3	
			<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<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 CAP 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>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	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	1	B/D
<i>ondansetron</i> TBDP 16mg	4	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 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 65 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 65 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 65 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 65 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
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> TABS 40mg PA applies if 65 years and older	4	NDS PA
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
<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 65 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml	3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 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
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (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
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>kristalose</i> PACK 10gm QL (30 packets / 30 days)	1	QL PA
<i>kristalose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alose tron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1		<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg	1	QL
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA	QL (60 caps / 30 days)		
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA	<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
CARAFATE SUSP 1gm/10ml	3	ST	MOTEGRITY TABS 1mg, 2mg	3	
CARAFATE TABS 1gm	3		MOVANTIK TABS 12.5mg, 25mg	2	QL
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA	QL (30 tabs / 30 days)		
CREON CAP 3000UNIT	2		PANCREAZE CAP 2600UNIT	3	
CREON CAP 6000UNIT	2		PANCREAZE CAP 4200UNIT	3	
CREON CAP 12000UNT	2		PANCREAZE CAP 10500UNT	3	
CREON CAP 24000UNT	2		PANCREAZE CAP 16800UNT	3	
CREON CAP 36000UNT	2		PANCREAZE CAP 21000UNT	3	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1		PANCREAZE CAP 37000	3	
CYTOTEC TABS 100mcg, 200mcg	3		PERTZYE CAP 4000UNIT	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3		PERTZYE CAP 8000UNIT	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	3		PERTZYE CAP 16000U	3	
EOHILIA SUSP 2mg/10ml	4	NDS QL PA	PERTZYE CAP 24000U	3	
QL (600 mL / 30 days)			<i>prucalopride succinate</i> (generic of MOTEGRITY) TABS 1mg, 2mg	1	
GASTROCROM CONC 100mg/5ml	4	NDS	PYLERA CAP	3	
GATTEX KIT 5mg	4	NDS NM PA	REBYOTA SUSP 150ml	4	NDS QL NM PA
IBSRELA TABS 50mg	4	NDS QL NM PA	QL (150 mL / 30 days)		
QL (60 tabs / 30 days)			RELISTOR SOLN 12mg/0.6ml	4	NDS QL PA
IQIRVO TABS 80mg	4	NDS QL NM PA	QL (28 vials / 28 days)		
QL (30 tabs / 30 days)			RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	4	NDS QL PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL	QL (28 syringes / 28 days)		
QL (30 caps / 30 days)			RELISTOR TABS 150mg	4	NDS QL PA
LIVDELZI CAPS 10mg	4	NDS QL NM PA	QL (90 tabs / 30 days)		
QL (30 caps / 30 days)			RELTONE CAPS 200mg, 400mg	4	NDS PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA	SUCRAID SOLN 8500unit/ml	4	NDS NM PA
LOMOTIL TAB 2.5MG	3		<i>sucralfate</i> SUSP 1gm/10ml	1	ST
<i>loperamide hcl</i> CAPS 2mg	1		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	

Drug Name	Drug Requirements/ Tier	Limits
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
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 QL (2 kits / year)	2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM 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 QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> SOLR 40mg	1	
KONVOMEF SUS 2-84/ML QL (600 mL / 30 days)	3	QL PA
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100 mg</i> QL (30 caps / 30 days)	1	QL PA
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days)	1	QL PA
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 20-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 40-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
PANTOPR/NAACL SOL 40MG/100	3	

Drug Name	Drug Requirements/ Tier	Limits
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	3	QL ST
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX PACK 40mg QL (30 packets / 30 days)	3	QL ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	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

Drug Name	Drug Requirements/ Tier	Limits
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	

Drug Name	Drug Requirements/ Tier	Limits
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
VOYXACT SOSY 400mg/2ml QL (1 syringe / 28 days)	4	NDS QL NM PA
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	2	QL
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	2	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	2	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
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

Drug Name	Drug Requirements/ Tier	Limits
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 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; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	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 SOSY 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
NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA	CABLIVI KIT 11mg <i>cilostazol</i> TABS 50mg, 100mg	4 1	NDS NM PA
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA	CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	4	NDS QL NM PA	DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days)	4	NDS QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA	DOPTELET TABS 20mg	4	NDS NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA	DOPTELET SPRINKLE CPSP 10mg	4	NDS NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	DROXIA CAPS 200mg, 300mg, 400mg	3	
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA	EKTERLY TABS 300mg QL (12 tabs / 30 days)	4	NDS QL NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA	<i>eltrombopag olamine</i> (generic of PROMACTA) PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA
MISCELLANEOUS			<i>eltrombopag olamine</i> (generic of PROMACTA) PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA	<i>eltrombopag olamine</i> (generic of PROMACTA) TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA	<i>eltrombopag olamine</i> (generic of PROMACTA) TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AGRYLIN CAPS .5mg	3		EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ENDARI PACK 5gm	4	NDS NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS	EPYSQLI SOLN 300mg/30ml	4	NDS NM PA
<i>anagrelide hcl</i> CAPS 1mg	1		FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1		FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	4	NDS QL NM PA	GIVLAARI SOLN 189mg/ml	4	NDS NM PA
AQVESME TABS 100mg QL (56 tabs / 28 days)	4	NDS QL NM PA	HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM PA			
BKEMV SOLN 300mg/30ml	4	NDS NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days)	4	NDS QL NM PA
<i>pentoxifylline</i> 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 QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
<i>sajazir</i> (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 SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
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)	1	
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
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<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 65 years and older	2	PA

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Drug Name	Drug Requirements/ Tier	Limits
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 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
AVTOZMA SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
AVTOZMA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
AVTOZMA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CIMZIA KIT 200mg QL (2 kits / 28 days)	4	NDS QL NM PA
CIMZIA PSKT 200mg/ml QL (4 syringes / 28 days)	4	NDS QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (56 pens / 365 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	LEQSELVI TABS 8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA	NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA	OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA	OMVOH SOAJ 100mg/ml QL (2 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	OMVOH SOAJ 200mg/2ml QL (1 pen / 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	OMVOH SOLN 300mg/15ml	4	NDS NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA	OMVOH SOSY 200mg/2ml QL (1 syringe / 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	OMVOH SOAJ 100/200 QL (2 pens / 28 days)	4	NDS QL NM PA
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA	OMVOH SOSY 100/200 QL (2 syringes / 28 days)	4	NDS QL NM PA
INFLECTRA SOLR 100mg	4	NDS NM PA	ORENCIA SOLR 250mg	4	NDS NM PA
INFLIXIMAB SOLR 100mg	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
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA	ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 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	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
			OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
			OTEZLA/XR TAB 28 DAY QL (2 packs / year)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA	SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA	STELARA SOLN 130mg/26ml	4	NDS NM PA
RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TALTZ SOAJ 80mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA	TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA	TALTZ SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA	TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA	TREMFYA SOLN 200mg/20ml	4	NDS NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA	TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA	TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	1	
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA	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
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA	PLAQUENIL TABS 200mg	3	
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA	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
USTEKINUMAB SOLN 130mg/26ml	4	NDS NM PA	SOVUNA TABS 200mg, 300mg	3	
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	TREXALL TABS 5mg, 7.5mg, 3 10mg, 15mg	3	B/D
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA	XATMEP SOLN 2.5mg/ml	3	B/D
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA	IMMUNOGLOBULINS		
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA	CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	CYTOGAM SOLN 50mg/ml	4	NDS B/D NM
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)			GAMASTAN INJ	3	B/D NM
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1		GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
JYLAMVO SOLN 2mg/ml	3	B/D			

Drug Name	Drug Requirements/ Tier	Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
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
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL 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

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Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	4	NDS B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg	1	B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NDS NM PA
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
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
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
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOLE INJ INACTIVE	1	
IXIARO INJ	1	

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

Drug Name	Drug Requirements/ Tier	Limits
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS,		
INJECTABLE		
D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NAACL INJ 0.2%	1	
D5W/NAACL INJ 0.3%	3	
D5W/NAACL INJ 0.9%	3	
D5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	2	
D10W/NAACL INJ 0.45%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
DW5-NAACL INJ 0.225%	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NAACL 0.45%)</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>magnesium sulfate (generic of MAGNESIUM SULFATE)</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	<i>magnesium sulfate SOLN 3gm/100ml</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	MG SO4/D5W INJ 10MG/ML	2
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	1	<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	1	PLASMA-LYTE INJ -A	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)</i>	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
KCL/D5W/LACT INJ 20MEQ/L	3	POT CHL/D5W INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9%	3	<i>potassium chloride SOLN 2meq/ml</i>	1
KCL/D5W/NACL INJ 0.15/0.2	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
KCL/D5W/NACL INJ 0.15/0.9	3	<i>potassium chloride (generic of POTASSIUM CHLORIDE)</i>	1
KCL/D5W/NACL INJ 0.15/0.45	3	SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	
LACTATED RIN INJ	3	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	1
<i>lactated ringer's solution (generic of LACTATED RINGERS)</i>	1	<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	TPN ELECTROL INJ	3 B/D
		ELECTROLYTES/MINERALS/VITAMINS, ORAL	
		<i>klor-con PACK 20meq</i>	1
		KLOR-CON 8 TBCR 8meq	1
		<i>klor-con 10 TBCR 10meq</i>	1
		KLOR-CON 10 TBCR 10meq	1

Drug Name	Drug Requirements/ Tier	Limits
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
POKONZA PACK 15meq; SOLN 5%	4	NDS
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1	
<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	1	
<i>potassium chloride</i> <i>microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
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
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> (generic of DEXTROSE 5%) SOLN 5%	1	
<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 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
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate- tobramycin ophth susp 0.5- 0.3% (generic of ZYLET)</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	2	

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Drug Name	Drug Requirements/ Tier	Limits
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i>	1	
<i>neomycin-polymy-gramicid op</i> <i>sol 1.75-10000-0.025mg-unt-</i> <i>mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBEX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMZY 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	

Drug Name	Drug Requirements/ Tier	Limits
<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</i> <i>phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</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</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine</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 LOTEKMAX) 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	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1		<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2		ISTALOL SOLN .5%	3	
PROLENSA SOLN .07%	3		IYUZEH SOLN .005%	3	ST
TRIESENCE SUSP 40mg/ml	3	PA	<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
XIPERE SUSP 40mg/ml	3	NM PA	<i>levobunolol hcl</i> SOLN .5%	1	
YUTIQ IMPL .18mg	4	NDS NM	LUMIGAN SOLN .01%	2	
ANTIALLERGICS			PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>azelastine hcl (ophth)</i> SOLN .05%	1		<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1		RHOPRESSA SOLN .02%	2	
BEPREVE SOLN 1.5%	3		ROCKLATAN DRO	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1		SIMBRINZA SUS 1-0.2%	3	
<i>epinastine hcl (ophth)</i> SOLN .05%	1		<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1	
ZERVIATE SOLN .24%	3		<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
ANTI GLAUCOMA			<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
ALPHAGAN P SOLN .1%, .15%	3		<i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5%	1	
AZOPT SUSP 1%	3	ST	<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1		TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
BETIMOL SOLN .5%	3		TRAVATAN Z SOLN .004%	3	
<i>bimatoprost</i> SOLN .03%	1		<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1		VYZULTA SOLN .024%	3	
<i>brimonidine tartrate</i> SOLN .2%	1		XALATAN SOLN .005%	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1		XELPROS EMUL .005%	3	ST
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	ST	ZIOPTAN SOLN .015mg/ml	3	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1		MISCELLANEOUS		
COMBIGAN SOL 0.2/0.5%	2		ATROPINE SULFATE SOLN 1%	2	
COSOPT PF SOL 2%-0.5%	3		<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
COSOPT SOL 2-0.5%OP	3		BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
<i>dorzolamide hcl</i> SOLN 2%	1		BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1				

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Drug Name	Drug Requirements/ Tier	Limits
CEQUA SOLN .09% QL (60 single use vials / 30 days)	3	QL PA
CIMERLI SOLN .3mg/0.05ml, .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
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	4	NDS NM PA 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
TRYPTYR SOLN .003% QL (60 single use vials / 30 days)	3	QL 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</i> (otic) SOLN 2%	1	
CIPRO HC SUS 0.2-1%OT	3	
<i>ciprofloxacin hcl</i> (otic) (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin-hydrocortisone</i> otic susp 0.2-1% (generic of CIPRO HC)	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide</i> (otic) (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid</i> otic soln 1-2%	1	
<i>neomycin-polymyxin-hc</i> otic soln 1%	1	
<i>neomycin-polymyxin-hc</i> otic susp 3.5 mg/ml-10000 unit/ml- 1%	1	
<i>ofloxacin</i> (otic) SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST		
COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
DUAKLIR AER 400/12 QL (1 inhaler / 30 days)	3	QL
<i>ipratropium-albuterol nebu</i> soln 0.5-2.5(3) mg/3ml	1	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	3	QL
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide</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 NEBU 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 65 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
RYALTRIS SPR 665-25 QL (31 gm / 30 days)	3	QL
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg PA applies if 65 years and older	3	PA
<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	PA
<i>carbzah</i> SOLN 4mg/5ml PA applies if 65 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
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older	2	PA
CLEMSZA TABS 2.68mg PA applies if 65 years and older	4	NDS PA
<i>corphena</i> SOLN 2mg/5ml PA applies if 65 years and older	1	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 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 65 years and older after a 30 day supply in a calendar year	2	PA
KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	3	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>ryclora</i> SOLN 2mg/5ml PA applies if 65 years and older	1	PA
<i>ryvent</i> TABS 6mg PA applies if 65 years and older	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
<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> TABS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>zileuton</i> TB12 600mg QL (120 tabs / 30 days)	4	NDS QL ST
ZYFLO TABS 600mg QL (120 tabs / 30 days)	4	NDS QL ST
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CINQAIR SOLN 100mg/10ml <i>cromolyn sodium</i> NEBU 20mg/2ml	4	NDS NM PA
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
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
EXDENSUR SOSY 100mg/ml QL (1 syringe / 180 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	4	NDS QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	4	NDS QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM PA
TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	4	NDS QL NM PA
TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	4	NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM 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

Drug Name	Drug Requirements/ Tier	Limits
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		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate</i> (nasal) SUSP 50mcg/act QL (2 bottles / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL	ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL	ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	3	QL	ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D	ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL	AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL	BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	2	QL
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL	BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D	BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL	<i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
STEROID/BETA-AGONIST COMBINATIONS			DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
			<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL	AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL PA	ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	3	QL PA	<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
TOPICAL DERMATOLOGY, ACNE			ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA	ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA	AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL	BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
ACZONE GEL 7.5% QL (90 gm / 30 days)	3	QL	CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA	<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>adapalene</i> PADS .1% QL (28 swabs / 28 days)	4	NDS QL PA	CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA	<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA	<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
			<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
			CLINDAGEL GEL 1% QL (75 mL / 30 days)	4	NDS QL PA
			<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
			<i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL PA	<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL	<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL	<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	1	PA
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL	KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1-5% QL (50 gm / 30 days)	1	QL	<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL	ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-3.75% (generic of ONEXTON) QL (50 gm / 30 days)	1	QL	RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
<i>clindamycin phosphate-tretinoin gel</i> 1.2-0.025% QL (60 gm / 30 days)	1	QL PA	RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	3	QL PA
<i>dapsone (topical)</i> GEL 5% QL (90 gm / 30 days)	1	QL	RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 7.5% QL (90 gm / 30 days)	1	QL	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
DIFFERIN CREA .1% QL (45 gm / 30 days)	3	QL PA	TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA	<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA	<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL	<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	1	QL	<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (60 gm / 30 days)	1	QL
			TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA	ECONAZOLE NITRATE FOAM 1% QL (70 gm / 28 days)	3	QL ST
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA	ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
ZIANA GEL QL (60 gm / 30 days)	3	QL PA	EXELDERM CREA 1% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS			EXELDERM SOLN 1% QL (30 mL / 30 days)	3	QL PA
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL	JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL	ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	1	QL PA	ketoconazole (topical) FOAM 2% QL (100 gm / 30 days)	1	QL PA
SILVADENE CREA 1%	3		ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	1		ketodan FOAM 2% QL (100 gm / 30 days)	1	QL PA
ssd (generic of SILVADENE) CREA 1%	1		klayesta POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL	luliconazole CREA 1% QL (60 gm / 30 days)	1	QL ST
DERMATOLOGY, ANTIFUNGALS			LUZU CREA 1% QL (60 gm / 30 days)	3	QL ST
ciclopirox GEL .77% QL (100 gm / 30 days)	1	QL	miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% QL (50 gm / 30 days)	1	QL PA
ciclopirox SHAM 1% QL (120 mL / 30 days)	1	QL	naftifine hcl CREA 1% QL (90 gm / 30 days)	1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	1	QL	naftifine hcl CREA 2% QL (60 gm / 30 days)	1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	1	QL	naftifine hcl (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
clotrimazole (topical) 1% QL (45 gm / 30 days)	1	QL	NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
clotrimazole (topical) 1% QL (60 mL / 30 days)	1	QL	nyamyc POWD 100000unit/gm QL (60 gm / 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			

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

Drug Name	Drug Requirements/ Tier	Limits
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% QL (60 gm / 30 days)	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL	DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL	DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL PA	<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL	<i>desonide</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL	<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL	<i>desoximetasone</i> CREA .05% QL (100 gm / 30 days)	1	QL PA
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05% QL (118 mL / 30 days)	1	QL	<i>desoximetasone</i> CREA .25% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL	<i>desoximetasone</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>clobetasol propionate</i> <i>emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) OINT .25% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL	<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL PA
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL	DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL	DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
<i>clocortolone pivalate</i> CREA .1% QL (90 gm / 30 days)	1	QL PA	EPIFOAM AER 1% QL (120 gm / 30 days)	3	
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL	HALOG SOLN .1% QL (120 mL / 30 days)	4	NDS QL PA
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5%	1	
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL	<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL	<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL	<i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL	<i>hydrocortisone butyrate</i> LOTN .1% QL (118 mL / 30 days)	1	QL PA
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL	<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL	<i>hydrocortisone valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days)	1	QL
<i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days)	1	QL PA	LEXETTE FOAM .05% QL (200 gm / 28 days)	1	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1		<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL	PRAMOSONE CRE 1-1%	3	
<i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days)	1	QL PA	PRAMOSONE LOT 1-1%	3	
<i>halcinonide</i> (generic of HALOG) SOLN .1% QL (120 mL / 30 days)	1	QL PA	PRAMOSONE LOT 2.5%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL	SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>halobetasol propionate</i> FOAM .05% QL (200 gm / 28 days)	1	QL PA	<i>texacort</i> SOLN 2.5%	1	
HALOG CREA .1% QL (240 gm / 30 days)	3	QL PA	TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
			TOPICORT OINT .05% QL (100 gm / 30 days)	3	QL PA
			<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
			<i>triamcinolone acetonide</i> (<i>topical</i>) AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
			<i>triamcinolone acetonide</i> (<i>topical</i>) CREA .025%, .1%, .5% QL (454 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>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide</i> (topical) OINT .05% QL (430 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
ULTRAVATE LOTN .05% QL (120 mL / 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> GEL 2% QL (30 mL / 30 days)	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
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		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm QL (60 gm / 30 days)	4	NDS QL NM PA
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene</i> (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate</i> (topical) (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium</i> (actinic keratoses) GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium</i> (topical) SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>diclofenac sodium</i> (topical) SOLN 2% QL (224 gm / 28 days)	1	QL PA
<i>doxepin hcl</i> (antipruritic) (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA
<i>doxycycline</i> (rosacea) (generic of ORACEA) CPDR 40mg	1	
EMROSI CP24 40mg QL (30 caps / 30 days)	4	NDS QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil</i> (topical) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil</i> (topical) CREA .5% QL (30 gm / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA
<i>imiquimod</i> (generic of ZYCLARA PUMP) 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 PUMP) CREA 3.75% QL (7.5 gm / 28 days)	1	QL
<i>ivermectin (rosacea)</i> (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
<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> LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
QBREXZA PADS 2.4% QL (30 cloths / 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
SOFDRA GEL 12.45% QL (50 mL / 30 days)	3	QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVM GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .05%, .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 PUMP CREA 3.75% QL (7.5 gm / 28 days)	4	NDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10% QL (30 tubes / 30 days)	4	NDS QL NM PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl</i> (<i>mouth-throat</i>) SOLN 2%	1	
<i>nystatin</i> (<i>mouth-throat</i>) (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> (<i>oral</i>) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
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<i>azacitidine</i>	17	BACTRIM DS		<i>hydrochlorothiazide tab</i>	
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<i>methenamine hippurate</i> ..	MG SO4/D5W INJ	<i>mili</i>
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<i>methocarbamol</i>	see <i>calcitonin (salmon)</i>	see <i>lyllana</i>
<i>methotrexate sodium</i> 17,	<i>inj</i>	<i>minocycline hcl</i>
100	<i>mibelas 24 fe</i>	<i>minoxidil</i>
<i>methoxsalen rapid</i>	MICAFUNGIN	<i>minzoya</i>
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.....	100MG/100ML	<i>mirabegron</i>
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<i>methylphenidate hcl</i>	see <i>telmisartan-</i>	<i>mitomycin</i>
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<i>succ</i>	80-12.5 mg	MODEYSO
<i>metoclopramide hcl</i>	see <i>telmisartan-</i>	<i>moexipril hcl</i>
<i>metolazone</i>	<i>hydrochlorothiazide tab</i>	<i>molindone hcl</i>
<i>metoprolol &</i>	80-25 mg	<i>mometasone furoate</i>
<i>hydrochlorothiazide tab</i>	MICARDIS HCT TAB	(<i>nasal</i>)
100-25 mg	40/12.5	MONJUVI
<i>metoprolol &</i>	MICARDIS HCT TAB	<i>mono-lynyah</i>
<i>hydrochlorothiazide tab</i>	80/12.5	<i>montelukast sodium</i>
100-50 mg	MICARDIS HCT TAB 80-	<i>morphine sulfate</i>
<i>metoprolol &</i>	25MG	MORPHINE SULFATE
<i>hydrochlorothiazide tab</i>	<i>miconazole 3</i>	MORPHINE
50-25 mg	<i>miconazole-zinc oxide-</i>	SULFATE/SODIUM C ...
<i>metoprolol succinate</i>	<i>white petrolatum oint</i>	<i>morphine sulfate beads</i>
<i>metoprolol tartrate</i>	0.25-15-81.35%	MOTEGRITY
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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 04/24/2026. 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.

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04/24/2026