SilverScript®
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MHBP SM

# *SilverScript (EGWP) Employer PDP for MHBP Standard Option (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 09/29/2026. 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 September 29, 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.

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09/29/2026

**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.

**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 September 29, 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** | $5.00 | $10.00 | $5.00 |
| **Tier 2: Preferred Brand** | $45.00 | $55.00 | $45.00 |
| **Tier 3: Non-Preferred Brand** | $60.00 | $80.00 | $60.00 |
| **Tier 4: Specialty (High Cost)** | 15% of total cost Maximum $225.00 | 15% of total cost Maximum $425.00 | 15% of total cost Maximum $225.00 |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fenoprofen calcium* CAPS 400mg<br>QL (240 caps / 30 days) | 1 | QL PA |
| *fenopron* CAPS 300mg<br>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<br>QL (120 tabs / 30 days) | 4 | NDS QL |
| *ibuprofen-famotidine tab 800-26.6 mg*<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *ketoprofen* CAPS 25mg, 75mg<br>QL (120 caps / 30 days) | 4 | NDS QL PA |
| *ketoprofen* CAPS 50mg<br>QL (180 caps / 30 days) | 4 | NDS QL PA |
| *ketoprofen* CP24 200mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *ketorolac tromethamine* TABS 10mg<br>QL (20 tabs / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *lofena* TABS 25mg<br>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<br>QL (30 caps / 30 days) | 1 | QL PA |
| MELOXICAM SUSP 7.5mg/5ml<br>QL (300 mL / 30 days) | 4 | NDS QL PA |
| *meloxicam* TABS 7.5mg, 15mg | 1 | |
| *nabumetone* TABS 500mg, 750mg | 1 | |
| NAPRELAN TB24 375mg<br>QL (120 tabs / 30 days) | 4 | NDS QL PA |
| NAPRELAN TB24 500mg<br>QL (90 tabs / 30 days) | 4 | NDS QL PA |
| *naproxen* SUSP 125mg/5ml<br>QL (1800 mL / 30 days) | 1 | QL PA |
| *naproxen* TABS 250mg, 375mg, 500mg | 1 | |
| *naproxen* TBEC 375mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *naproxen dr* TBEC 500mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *naproxen sodium* TABS 275mg, 550mg | 1 | |
| *naproxen sodium* (generic of NAPRELAN) TB24 375mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *naproxen sodium* (generic of NAPRELAN) TB24 500mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *naproxen sodium* TB24 750mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *naproxen-esomeprazole magnesium tab dr 375-20 mg*<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *naproxen-esomeprazole magnesium tab dr 500-20 mg*<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| ORUDIS CAPS 75mg<br>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<br>QL (5 bottles / 30 days) | 4 | NDS QL NM PA |
| *sulindac* TABS 150mg, 200mg | 1 | |
| *tolectin 600* TABS 600mg<br>QL (90 tabs / 30 days) | 4 | NDS QL PA |
| TOLECTIN DS CAPS 400mg | 4 | NDS |
| *tolmetin sodium* CAPS 400mg | 4 | NDS |
| *tolmetin sodium* TABS 200mg<br>QL (120 tabs / 30 days) | 4 | NDS QL PA |
| *tolmetin sodium* TABS 600mg<br>QL (90 tabs / 30 days) | 4 | NDS QL PA |
| VYSCOXA SUSP 10mg/ml<br>QL (946 mL / 21 days) | 4 | NDS QL PA |
| XIFYRM SOLN 30mg/ml | 3 | |
| ZIPSOR CAPS 25mg<br>QL (120 caps / 30 days) | 4 | NDS QL PA |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *oxymorphone hcl* TB12 5mg, 7.5mg, 10mg, 15mg, 20mg | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *oxymorphone hcl* TB12 30mg, 40mg | 4 | NDS QL PA |
| QL (60 tabs / 30 days) | | |
| TAPENTADOL HYDROCHLORIDE TB12 50mg | 3 | QL PA |
| QL (60 tabs / 30 days) | | |
| TAPENTADOL HYDROCHLORIDE TB12 100mg, 150mg, 200mg, 250mg | 4 | NDS QL PA |
| QL (60 tabs / 30 days) | | |
| *tramadol hcl* CP24 100mg, 200mg, 300mg | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *tramadol hcl* TB24 100mg, 200mg, 300mg | 1 | QL PA |
| QL (30 tabs / 30 days) | | |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg | 3 | QL PA |
| QL (60 caps / 30 days) | | |
| XTAMPZA ER C12A 36mg | 4 | NDS QL PA |
| QL (60 caps / 30 days) | | |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | QL |
| QL (2700 mL / 30 days) | | |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | QL |
| QL (400 tabs / 30 days) | | |
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | QL |
| QL (360 tabs / 30 days) | | |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* | 1 | QL |
| QL (300 caps / 30 days) | | |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 3 | |
| *butorphanol tartrate* SOLN 10mg/ml | 1 | QL |
| QL (10 mL / 30 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CODEINE SULFATE TABS 15mg, 60mg | 3 | QL |
| QL (180 tabs / 30 days) | | |
| *codeine sulfate* TABS 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| DILAUDID LIQD 1mg/ml | 3 | QL |
| QL (600 mL / 30 days) | | |
| DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml | 3 | B/D |
| DILAUDID TABS 2mg, 4mg | 3 | QL |
| QL (180 tabs / 30 days) | | |
| DILAUDID TABS 8mg | 4 | NDS QL |
| QL (180 tabs / 30 days) | | |
| *endocet tab 2.5-325mg* | 1 | QL |
| QL (360 tabs / 30 days) | | |
| *endocet tab 5-325mg* (generic of PERCOCET) | 1 | QL |
| QL (360 tabs / 30 days) | | |
| *endocet tab 7.5-325mg* (generic of PERCOCET) | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *endocet tab 10-325mg* (generic of PERCOCET) | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | QL |
| QL (2700 mL / 30 days) | | |
| *hydrocodone-acetaminophen soln 10-300 mg/15ml* | 1 | QL |
| QL (2700 mL / 30 days) | | |
| *hydrocodone-acetaminophen tab 2.5-325 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 5-300 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 10-300 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-ibuprofen tab 5-200 mg* | 1 | QL |
| QL (150 tabs / 30 days) | | |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | QL |
| QL (150 tabs / 30 days) | | |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | QL |
| QL (150 tabs / 30 days) | | |
| *hydromorphone hcl* (generic of DILAUDID) LIQD 1mg/ml | 1 | QL |
| QL (600 mL / 30 days) | | |
| HYDROMORPHONE HCL SOLN 4mg/ml | 3 | B/D |
| *hydromorphone hcl* (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml | 3 | B/D |
| *hydromorphone hcl* (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml | 3 | B/D |
| *hydromorphone hcl* (generic of DILAUDID) TABS 2mg, 4mg, 8mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml | 3 | B/D |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml | 1 | QL |
| QL (900 mL / 30 days) | | |
| *morphine sulfate* SOLN 100mg/5ml | 1 | QL |
| QL (180 mL / 30 days) | | |
| *morphine sulfate* TABS 15mg, 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 3 | B/D |
| *nalbuphine hcl* SOLN 10mg/ml, 20mg/ml | 3 | |
| NALOCET TAB 2.5-300 | 4 | NDS QL PA |
| QL (360 tabs / 30 days) | | |
| NUCYNTA TABS 50mg | 3 | QL |
| QL (180 tabs / 30 days) | | |
| NUCYNTA TABS 75mg, 100mg | 4 | NDS QL |
| QL (180 tabs / 30 days) | | |
| OXY-ACETAMIN TAB 7.5-300 | 4 | NDS QL PA |
| QL (240 tabs / 30 days) | | |
| OXYCOD-APAP TAB 2.5-300 | 4 | NDS QL PA |
| QL (360 tabs / 30 days) | | |
| OXYCOD/ACETA SOL 10/300MG | 4 | NDS QL PA |
| QL (900 mL / 30 days) | | |
| OXYCOD/APAP TAB 5-300MG | 4 | NDS QL PA |
| QL (360 tabs / 30 days) | | |
| OXYCOD/APAP TAB 10-300MG | 4 | NDS QL PA |
| QL (180 tabs / 30 days) | | |
| *oxycodone hcl* CAPS 5mg | 1 | QL |
| QL (180 caps / 30 days) | | |
| *oxycodone hcl* CONC 100mg/5ml | 1 | QL |
| QL (180 mL / 30 days) | | |
| *oxycodone hcl* SOLN 5mg/5ml | 1 | QL |
| QL (900 mL / 30 days) | | |
| *oxycodone hcl* TABS 5mg, 10mg, 20mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *oxycodone hcl* (generic of ROXICODONE) TABS 15mg, 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg | 4 | NDS QL |
| QL (180 tabs / 30 days) | | |
| *oxycodone w/ acetaminophen soln 5-325 mg/5ml* | 1 | QL |
| QL (1800 mL / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *oxycodone w/ acetaminophen tab 2.5-325 mg* QL (360 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 5-325 mg* (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 10-325 mg* (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| *oxymorphone hcl* TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL |
| PERCOCET TAB 5-325MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 7.5-325 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 10-325MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE SOL 10/300MG QL (900 mL / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 5-300MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 7.5-300 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE TAB 10-300MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| ROXICODONE TABS 15mg QL (180 tabs / 30 days) | 3 | QL |
| ROXICODONE TABS 30mg QL (180 tabs / 30 days) | 4 | NDS QL |
| ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days) | 4 | NDS QL |
| *tapentadol hcl* (generic of NUCYNTA) TABS 50mg, 75mg QL (180 tabs / 30 days) | 1 | QL |
| *tapentadol hcl* (generic of NUCYNTA) TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL |
| TAPENTADOL HYDROCHLORIDE SOLN 20mg/ml QL (900 mL / 30 days) | 4 | NDS QL |
| *tramadol hcl* SOLN 5mg/ml QL (2400 mL / 30 days) | 1 | QL PA |
| *tramadol hcl* TABS 25mg QL (120 tabs / 30 days) | 1 | QL |
| *tramadol hcl* TABS 50mg QL (240 tabs / 30 days) | 1 | QL |
| *tramadol hcl* TABS 75mg QL (150 tabs / 30 days) | 1 | QL PA |
| *tramadol hcl* TABS 100mg QL (120 tabs / 30 days) | 1 | QL PA |
| TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days) | 3 | QL PA |
| *tramadol-acetaminophen tab 37.5-325 mg* QL (240 tabs / 30 days) | 1 | QL |
| *trezix* QL (300 caps / 30 days) | 1 | QL |
| **ANTI-INFECTIVES** | | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS 200mg QL (672 tabs / year) | 1 | QL PA |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 4 | NDS NM PA |
| *atovaquone* (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days) | 1 | QL PA |
| AZACTAM SOLR 1gm, 2gm | 3 | |
| *aztreonam* 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CLEOCIN PHOSPHATE SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 | |
| *clindamycin hcl* (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | 1 | |
| *clindamycin palmitate hydrochloride* (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 1 | |
| *clindamycin phosphate* (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| *colistimethate sodium* (generic of COLY-MYCIN M) SOLR 150mg | 1 | |
| COLY-MYCIN M SOLR 150mg | 3 | |
| CONTEPO SOLR 6gm | 4 | NDS |
| *dalbavancin hcl* (generic of DALVANCE) SOLR 500mg | 4 | NDS |
| DALVANCE SOLR 500mg | 4 | NDS |
| *dapsone* TABS 25mg, 100mg | 1 | |
| DAPTOMY/NACL INJ 350/50ML | 3 | |
| DAPTOMY/NACL INJ 500/50ML | 3 | |
| *daptomycin* (generic of DAPTOMYCIN) SOLR 350mg | 4 | NDS |
| DAPTOMYCIN SOLR 350mg, 500mg | 4 | NDS |
| *daptomycin* SOLR 500mg | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *ertapenem sodium* SOLR 1gm | 1 | |
| FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days) | 3 | QL |
| *fosfomycin tromethamine* PACK 3gm | 1 | |
| *gentamicin in saline inj 0.8 mg/ml* | 1 | |
| *gentamicin in saline inj 1 mg/ml* | 1 | |
| *gentamicin in saline inj 1.2 mg/ml* | 1 | |
| *gentamicin in saline inj 1.6 mg/ml* | 1 | |
| *gentamicin in saline inj 2 mg/ml* | 1 | |
| *gentamicin sulfate* SOLN 10mg/ml, 40mg/ml | 1 | |
| HUMATIN CAPS 250mg | 4 | NDS |
| *imipenem-cilastatin intravenous for soln 250 mg* | 1 | |
| *imipenem-cilastatin intravenous for soln 500 mg* (generic of PRIMAXIN IV) | 1 | |
| *ivermectin* (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days) | 1 | QL PA |
| *ivermectin* 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 | |
| *linezolid* (generic of ZYVOX) SOLN 600mg/300ml | 1 | |
| *linezolid* SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL |
| *linezolid* TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 3 | |
| MACROBID CAPS 100mg | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| MEPRON SUSP 750mg/5ml QL (300 mL / 30 days) | 4 | NDS QL PA |
| MEROP/NACL INJ 1GM/50ML | 3 | |
| MEROP/NACL INJ 500/50ML | 3 | |
| *meropenem* SOLR 1gm, 500mg | 1 | |
| *meropenem* (generic of MEROPENEM) SOLR 2gm | 1 | |
| *methenamine hippurate* TABS 1gm | 1 | |
| *metronidazole* CAPS 375mg; TABS 125mg, 250mg, 500mg | 1 | |
| METRONIDAZOLE SOLN 500mg/100ml | 3 | |
| *metronidazole* (generic of METRONIDAZOLE) SOLN 500mg/100ml | 1 | |
| NEBUPENT SOLR 300mg | 3 | B/D |
| *neomycin sulfate* TABS 500mg | 1 | |
| *nitazoxanide* TABS 500mg QL (6 tabs / 30 days) | 4 | NDS QL |
| *nitrofurantoin* SUSP 25mg/5ml | 4 | NDS PA |
| NITROFURANTOIN SUSP 50mg/5ml | 4 | NDS PA |
| *nitrofurantoin macrocrystal* CAPS 25mg, 50mg, 100mg | 2 | |
| *nitrofurantoin monohyd macro* (generic of MACROBID) CAPS 100mg | 2 | |
| ORBACTIV SOLR 400mg | 4 | NDS |
| ORLYNVAH TAB 500-500 | 4 | NDS NM |
| PENTAM 300 SOLR 300mg | 3 | |
| *pentamidine isethionate inh* (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| *pentamidine isethionate inj* (generic of PENTAM 300) SOLR 300mg | 1 | |
| *polymyxin b sulfate* SOLR 500000unit | 1 | |
| *praziquantel* TABS 600mg | 1 | |
| PRIMAXIN IV INJ 500MG | 3 | |
| *pyrimethamine* (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 | |
| *streptomycin sulfate* SOLR 1gm | 4 | NDS |
| STROMECTOL TABS 3mg QL (20 tabs / 90 days) | 3 | QL PA |
| *sulfadiazine* TABS 500mg | 4 | NDS |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* (generic of BACTRIM) | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* (generic of BACTRIM DS) | 1 | |
| *tinidazole* TABS 250mg, 500mg | 1 | |
| TOBI NEBU 300mg/5ml | 4 | NDS NM PA |
| TOBI PODHALER CAPS 28mg | 4 | NDS NM PA |
| *tobramycin* (generic of BETHKIS) NEBU 300mg/4ml | 4 | NDS NM PA |
| *tobramycin* (generic of KITABIS PAK) NEBU 300mg/5ml | 4 | NDS NM PA |
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 1 | |
| *tobramycin sulfate* SOLR 1.2gm | 4 | NDS PA |
| *trimethoprim* 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days) | 1 | QL |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days) | 1 | QL |
| *vancomycin hcl* SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | 1 | |
| *vancomycin hcl* (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg | 1 | |
| *vancomycin hcl* (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days) | 1 | QL |
| *vancomycin hcl* SOLR 250mg/5ml QL (1800 mL / 180 days) | 1 | QL |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3 | |
| VANCOMYCIN INJ 1 GM | 3 | |
| VANCOMYCIN INJ 500MG | 3 | |
| VANCOMYCIN INJ 750MG | 3 | |
| VIBATIV SOLR 750mg | 4 | NDS |
| XACDURO INJ 1-1GM | 4 | NDS |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days) | 3 | QL |
| ZEMDRI SOLN 500mg/10ml | 4 | NDS |
| ZYVOX SOLN 600mg/300ml | 4 | NDS |
| ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL |
| ZYVOX TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL |
| ***ANTIFUNGALS*** | | |
| AMBISOME SUSR 50mg | 4 | NDS B/D |
| *amphotericin b* SOLR 50mg | 1 | B/D |
| *amphotericin b liposome* (generic of AMBISOME) SUSR 50mg | 4 | NDS B/D |
| ANCOBON CAPS 250mg, 500mg | 4 | NDS PA |
| CANCIDAS SOLR 50mg, 70mg | 4 | NDS |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 4 | NDS |
| *caspofungin acetate* (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg | 1 | |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg | 4 | NDS PA |
| DIFLUCAN SUSR 40mg/ml | 3 | |
| ERAXIS SOLR 50mg | 3 | |
| ERAXIS SOLR 100mg | 4 | NDS |
| *fluconazole* SUSR 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| *fluconazole* (generic of DIFLUCAN) SUSR 40mg/ml | 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 1 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 1 | |
| *flucytosine* (generic of ANCOBON) CAPS 250mg, 500mg | 4 | NDS PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | 1 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | 1 | |
| *griseofulvin ultramicrosize* TABS 165mg | 4 | NDS |
| *itraconazole* (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| *itraconazole* SOLN 10mg/ml | 4 | NDS |
| *ketoconazole* TABS 200mg | 1 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| MICAFUNGIN SOLR 50mg, 100mg | 4 | NDS |
| *micafungin sodium* SOLR 50mg, 100mg | 1 | |
| MICAFUNGIN/NACL INJ 50MG/50ML | 4 | NDS |
| MICAFUNGIN/NACL INJ 100MG/100ML | 4 | NDS |
| MICAFUNGIN/NACL INJ 150MG/150ML | 4 | NDS |
| NOXAFIL PACK 300mg QL (32 packets / 30 days) | 4 | NDS QL PA |
| NOXAFIL SOLN 300mg/16.7ml | 4 | NDS |
| NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| *nystatin* TABS 500000unit | 1 | |
| *posaconazole* SOLN 300mg/16.7ml | 4 | NDS |
| *posaconazole* SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| *posaconazole* TBEC 100mg QL (93 tabs / 30 days) | 4 | NDS QL PA |
| REZZAYO SOLR 200mg | 4 | NDS |
| *terbinafine hcl* 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 SOLN 200mg/20ml | 4 | NDS PA |
| VORICONAZOLE SOLR 200mg | 3 | PA |
| *voriconazole* (generic of VFEND IV) SOLR 200mg | 1 | PA |
| *voriconazole* (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| *voriconazole* TABS 50mg QL (480 tabs / 30 days) | 1 | QL |
| *voriconazole* TABS 200mg QL (120 tabs / 30 days) | 1 | QL |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* (generic of MALARONE) | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* (generic of MALARONE) | 1 | |
| *chloroquine phosphate* TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150mg | 3 | |
| MALARONE TAB 62.5-25 | 3 | |
| MALARONE TAB 250-100 | 3 | |
| *mefloquine hcl* TABS 250mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| *primaquine phosphate* (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1 | |
| *quinine sulfate* CAPS 324mg | 1 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* (generic of ZIAGEN) SOLN 20mg/ml | 1 | NM |
| *abacavir sulfate* TABS 300mg | 1 | NM |
| APTIVUS CAPS 250mg | 4 | NDS NM |
| *atazanavir sulfate* CAPS 150mg | 1 | NM |
| *atazanavir sulfate* (generic of REYATAZ) CAPS 200mg, 300mg | 1 | NM |
| *darunavir* (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | 1 | QL NM |
| *darunavir* (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 |
| *efavirenz* TABS 600mg | 1 | NM |
| *emtricitabine* (generic of EMTRIVA) CAPS 200mg | 1 | NM |
| EMTRIVA CAPS 200mg; SOLN 10mg/ml | 3 | NM |
| EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg | 3 | NM |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *etravirine* (generic of INTELENCE) TABS 100mg, 200mg | 4 | NDS NM |
| *fosamprenavir calcium* 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 |
| *lamivudine* (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| *maraviroc* (generic of SELZENTRY) TABS 150mg, 300mg | 4 | NDS NM |
| *nevirapine* SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |
| NORVIR PACK 100mg; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 4 | NDS NM |
| PREZISTA SUSP 100mg/ml QL (400 mL / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 75mg QL (480 tabs / 30 days) | 3 | QL NM |
| PREZISTA TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | NM |
| REYATAZ CAPS 200mg, 300mg; PACK 50mg | 4 | NDS NM |
| *rilpivirine hcl* (generic of EDURANT) TABS 25mg | 4 | NDS NM |
| *ritonavir* (generic of NORVIR) TABS 100mg | 1 | NM |
| RUKOBIA TB12 600mg | 4 | NDS NM |
| SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg | 4 | NDS NM |
| SUNLENCA TABS 300mg; TBPK 300mg | 4 | NDS NM |
| *tenofovir disoproxil fumarate* (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 |
| *zidovudine* (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml | 1 | NM |
| *zidovudine* TABS 300mg | 1 | NM |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | NM |
| BIKTARVY TAB 30-120-15 MG | 4 | NDS NM |
| BIKTARVY TAB 50-200-25 MG | 4 | NDS NM |
| CIMDUO TAB 300-300 | 4 | NDS NM |
| COMPLERA TAB | 4 | NDS NM |
| DELSTRIGO TAB | 4 | NDS NM |
| DESCOVY TAB 120-15MG | 4 | NDS NM |
| DESCOVY TAB 200/25MG | 4 | NDS NM |
| DOVATO TAB 50-300MG | 4 | NDS NM |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | NM |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 4 | NDS NM |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* (generic of SYMFI) | 4 | NDS NM |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* (generic of COMPLERA) | 4 | NDS NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* (generic of TRUVADA) | 1 | NM |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* (generic of TRUVADA) | 4 | NDS NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* (generic of TRUVADA) | 1 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* (generic of TRUVADA) | 1 | NM |
| EVOTAZ TAB 300-150 | 4 | NDS NM |
| GENVOYA TAB | 4 | NDS NM |
| IDVYNSO TAB 100-0.25 | 4 | NDS NM |
| JULUCA TAB 50-25MG | 4 | NDS NM |
| KALETRA SOL | 3 | NM |
| KALETRA TAB 100-25MG | 3 | NM |
| KALETRA TAB 200-50MG | 4 | NDS NM |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | NM |
| *lopinavir-ritonavir tab 100-25 mg* (generic of KALETRA) | 1 | NM |
| *lopinavir-ritonavir tab 200-50 mg* (generic of KALETRA) | 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*** | | |
| *cycloserine* CAPS 250mg | 4 | NDS |
| *ethambutol hcl* TABS 100mg, 400mg | 1 | |
| *isoniazid* SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| *pyrazinamide* TABS 500mg | 1 | |
| *rifabutin* CAPS 150mg | 1 | |
| *rifampin* CAPS 150mg, 300mg | 1 | |
| *rifampin* (generic of RIFADIN) SOLR 600mg | 1 | |
| *rifapentine* (generic of PRIFTIN) TABS 150mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 4 | NDS NM PA |
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| *acyclovir sodium* SOLN 50mg/ml | 1 | B/D |
| *adefovir dipivoxil* TABS 10mg | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 4 | NDS NM ST |
| BARACLUDE TABS .5mg, 1mg | 4 | NDS NM |
| *cidofovir* SOLN 75mg/ml | 1 | |
| *entecavir* (generic of BARACLUDE) TABS .5mg, 1mg | 1 | NM |
| EPCLUSA PAK 150-37.5 | 4 | NDS NM PA |
| EPCLUSA PAK 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 400-100 | 4 | NDS NM PA |
| *famciclovir* TABS 125mg, 250mg, 500mg | 1 | |
| *foscarnet sodium* (generic of FOSCAVIR) SOLN 6000mg/250ml | 4 | NDS B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| *ganciclovir sodium* SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 4 | NDS NM PA |
| HARVONI PAK 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 90-400MG | 4 | NDS NM PA |
| *lamivudine (hbv)* TABS 100mg | 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *oseltamivir phosphate* CAPS 30mg | 1 | QL |
| QL (168 caps / year) | | |
| *oseltamivir phosphate* CAPS 45mg | 1 | QL |
| QL (84 caps / year) | | |
| *oseltamivir phosphate* (generic of TAMIFLU) CAPS 75mg | 1 | QL |
| QL (84 caps / year) | | |
| *oseltamivir phosphate* (generic of TAMIFLU) SUSR 6mg/ml | 1 | QL |
| QL (1080 mL / year) | | |
| PAXLOVID PAK | 1 | QL |
| QL (22 tabs / 90 days) | | |
| PAXLOVID TAB 150-100 | 1 | QL |
| QL (40 tabs / 90 days) | | |
| PAXLOVID TAB 300-100 | 1 | QL |
| QL (60 tabs / 90 days) | | |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 4 | NDS NM PA |
| PREVYMIS PACK 20mg, 120mg | 4 | NDS QL PA |
| QL (120 packets / 30 days) | | |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 4 | NDS |
| PREVYMIS TABS 240mg, 480mg | 4 | NDS QL PA |
| QL (28 tabs / 28 days) | | |
| RAPIVAB SOLN 200mg/20ml | 4 | NDS |
| RELENZA DISKHALER AEPB 5mg/blister | 2 | QL |
| QL (6 inhalers / year) | | |
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | 1 | NM |
| *rimantadine hydrochloride* TABS 100mg | 1 | |
| TAMIFLU CAPS 30mg | 3 | QL |
| QL (168 caps / year) | | |
| TAMIFLU CAPS 75mg | 3 | QL |
| QL (84 caps / year) | | |
| TAMIFLU SUSR 6mg/ml | 3 | QL |
| QL (1080 mL / year) | | |
| *valacyclovir hcl* (generic of VALTREX) TABS 1gm, 500mg | 1 | |
| VALCYTE SOLR 50mg/ml; TABS 450mg | 4 | NDS |
| *valganciclovir hcl* (generic of VALCYTE) SOLR 50mg/ml | 4 | NDS |
| *valganciclovir hcl* TABS 450mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | |
| VEMLIDY TABS 25mg | 4 | NDS NM PA |
| VOSEVI TAB | 4 | NDS NM PA |
| XOFLUZA TBPK 40mg, 80mg | 3 | QL |
| QL (1 tab / 180 days) | | |
| ***CEPHALOSPORINS*** | | |
| AVYCAZ INJ 2-0.5GM | 4 | NDS |
| *cefaclor* CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | |
| CEFACLOR ER TB12 500mg | 3 | |
| *cefadroxil* CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 3 | |
| CEFAZOLIN INJ 1GM/50ML | 3 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 3 | |
| *cefdinir* CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| *cefepime hcl* SOLR 1gm, 2gm | 1 | |
| CEFEPIME/DEX INJ 1GM | 3 | |
| CEFEPIME/DEX INJ 2GM | 3 | |
| *cefixime* CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cefotetan disodium* SOLR 1gm | 1 | |
| *cefotetan disodium* (generic of CEFOTAN) SOLR 2gm | 1 | |
| CEFOXITIN INJ 1GM | 3 | |
| CEFOXITIN INJ 2GM | 3 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| *cefpodoxime proxetil* SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *ceftaroline fosamil* (generic of TEFLARO) SOLR 400mg, 600mg | 4 | NDS |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | 1 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| *cefuroxime axetil* TABS 250mg, 500mg | 1 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | 1 | |
| *cephalexin* CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| FETROJA SOLR 1gm | 4 | NDS |
| *tazicef* SOLR 1gm, 2gm, 6gm | 1 | |
| TEFLARO SOLR 400mg, 600mg | 4 | NDS |
| ZERBAXA INJ 1.5GM | 4 | NDS |
| ZEVTERA SOLR 667mg | 4 | NDS |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* SOLR 500mg; SUSR 100mg/5ml; TABS 600mg | 1 | |
| *azithromycin* (generic of ZITHROMAX) SUSR 200mg/5ml; TABS 250mg, 500mg | 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *clarithromycin* (generic of BIAXIN XL) TB24 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 4 | NDS |
| *e.e.s. 400* TABS 400mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | |
| *erythromycin base* CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| *erythromycin ethylsuccinate* (generic of E.E.S. GRANULES) SUSR 200mg/5ml | 1 | |
| *erythromycin ethylsuccinate* (generic of ERYPED 400) SUSR 400mg/5ml | 4 | NDS |
| *erythromycin ethylsuccinate* TABS 400mg | 1 | |
| *erythromycin lactobionate* (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | 1 | |
| *fidaxomicin* (generic of DIFICID) TABS 200mg | 4 | NDS |
| ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg | 3 | |
| ZITHROMAX TRI-PAK TABS 500mg | 3 | |
| ZITHROMAX Z-PAK TABS 250mg | 3 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA SOLR 300mg; TABS 450mg | 4 | NDS |
| CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |
| *ciprofloxacin 200 mg/100ml in d5w* | 1 | |
| *ciprofloxacin 400 mg/200ml in d5w* | 1 | |
| *ciprofloxacin hcl* (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| *ciprofloxacin hcl* TABS 750mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levofloxacin* SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 1 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 1 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 1 | |
| *moxifloxacin hcl* TABS 400mg | 1 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | 1 | |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* (generic of AUGMENTIN ES-600) | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *ampicillin* CAPS 500mg | 1 | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* (generic of UNASYN) | 1 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* (generic of UNASYN) | 1 | |
| *ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* (generic of UNASYN BULK PACK) | 1 | |
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| AUGMENTIN SUS 125/5ML | 3 | |
| AUGMENTIN SUS ES-600 | 3 | |
| AUGMENTIN TAB 500MG | 3 | |
| BICILLIN C-R INJ 900/300 | 3 | |
| BICILLIN C-R INJ 1200000 | 3 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 3 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | 1 | |
| NAFCILLIN INJ 2GM/100 | 4 | NDS |
| *nafcillin sodium* SOLR 1gm, 2gm | 1 | |
| *nafcillin sodium* SOLR 10gm | 4 | NDS |
| OXACILLIN INJ 2GM | 3 | |
| *oxacillin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| PEN GK/DEXTR INJ 40000/ML | 3 | |
| PEN GK/DEXTR INJ 60000/ML | 3 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | 1 | |
| *penicillin g sodium* SOLR 5000000unit | 1 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | 1 | |
| PIP/TAZ/NACL INJ 2-0.25GM | 3 | |
| PIP/TAZ/NACL INJ 3-0.375G | 3 | |
| PIP/TAZ/NACL INJ 4-0.5GM | 3 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | |
| UNASYN INJ 1.5GM | 3 | |
| UNASYN INJ 3GM | 3 | |
| UNASYN INJ 15GM | 3 | |
| ZOSYN SOL 2-0.25GM | 3 | |
| ZOSYN SOL 3-0.375G | 3 | |
| ZOSYN SOL 4-0.50GM | 3 | |
| ***TETRACYCLINES*** | | |
| *demeclocycline hcl* TABS 150mg, 300mg | 1 | |
| DORYX MPC TBEC 60mg | 4 | NDS PA |
| *doxy 100* SOLR 100mg | 1 | |
| *doxycycline (monohydrate)* CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg | 1 | |
| *doxycycline hyclate* TBEC 50mg, 75mg, 100mg, 150mg, 200mg | 1 | PA |
| *minocycline hcl* CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg | 1 | |
| NUZYRA SOLR 100mg | 4 | NDS NM |
| NUZYRA TABS 150mg QL (30 tabs / 14 days) | 4 | NDS QL NM |
| SEYSARA TABS 60mg, 100mg, 150mg | 4 | NDS PA |
| *targadox* TABS 50mg | 1 | |
| *tetracycline hcl* CAPS 250mg, 500mg | 1 | |
| TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg | 4 | NDS PA |
| TIGECYCLINE SOLR 50mg | 4 | NDS |
| *tigecycline* (generic of TYGACIL) SOLR 50mg | 1 | |
| TYGACIL SOLR 50mg | 4 | NDS |
| XERAVA SOLR 50mg, 100mg | 3 | |
| **ANTINEOPLASTIC AGENTS** ***ALKYLATING AGENTS*** | | |
| *bendamustine hcl* (generic of TREANDA) SOLR 25mg, 100mg | 4 | NDS B/D NM |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 4 | NDS B/D NM |
| BENDEKA SOLN 100mg/4ml | 4 | NDS B/D NM |
| *carboplatin* SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| *cisplatin* SOLN 50mg/50ml, 100mg/100ml | 1 | B/D |
| *cisplatin* (generic of CISPLATIN) SOLN 200mg/200ml | 1 | B/D |
| *cyclophosphamide* CAPS 25mg, 50mg; SOLR 1gm, 500mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | NDS B/D NM |
| *cyclophosphamide* (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 4 | NDS B/D |
| *cyclophosphamide* (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml | 1 | B/D |
| *cyclophosphamide* SOLR 2gm | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | NDS B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg | 3 | NM |
| GLEOSTINE CAPS 100mg | 4 | NDS NM |
| GRAFAPEX SOLR 1gm, 5gm | 4 | NDS B/D NM |
| IFEX SOLR 3gm | 3 | B/D |
| *ifosfamide* SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| KYXATA SOLN 80mg/8ml, 500mg/50ml | 4 | NDS B/D NM |
| LEUKERAN TABS 2mg | 4 | NDS PA |
| *lomustine* (generic of GLEOSTINE) CAPS 10mg, 40mg | 1 | NM |
| *lomustine* (generic of GLEOSTINE) CAPS 100mg | 4 | NDS NM |
| *oxaliplatin* SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 1 | B/D |
| *oxaliplatin* 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 |
| ***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 | 4 | NDS B/D NM |
| *azacitidine* (generic of VIDAZA) SUSR 100mg | 4 | NDS B/D NM |
| *cytarabine* SOLN 20mg/ml, 100mg/ml | 1 | B/D |
| *decitabine* SOLR 50mg | 4 | NDS B/D NM |
| FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml | 4 | NDS B/D NM |
| *fludarabine phosphate* SOLN 50mg/2ml; SOLR 50mg | 1 | B/D |
| *fluorouracil* SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| *gemcitabine hcl* (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D |
| *gemcitabine hcl* 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 |
| *mercaptopurine* (generic of PURIXAN) SUSP 2000mg/100ml | 4 | NDS NM |
| *mercaptopurine* TABS 50mg | 1 | |
| *methotrexate sodium* 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 |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml | 4 | NDS B/D |
| *pemetrexed disodium* SOLR 100mg, 500mg, 750mg, 1000mg | 4 | NDS B/D |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml | 4 | NDS B/D |
| *pralatrexate* (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 |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *abiraterone acetate* (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *abirtega* (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 |
| *anastrozole* (generic of ARIMIDEX) TABS 1mg | 1 | |
| ARIMIDEX TABS 1mg | 4 | NDS |
| AROMASIN TABS 25mg | 4 | NDS |
| *bicalutamide* (generic of CASODEX) TABS 50mg | 1 | |
| CAMCEVI PRSY 42mg | 3 | NM PA |
| CASODEX TABS 50mg | 4 | NDS |
| CLIGAVYX SOSY 250mg/5ml | 4 | NDS B/D NM |
| 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 |
| *exemestane* (generic of AROMASIN) TABS 25mg | 1 | |
| FARESTON TABS 60mg | 4 | NDS PA |
| FASLODEX SOSY 250mg/5ml | 4 | NDS B/D |
| FEMARA TABS 2.5mg | 3 | |
| FIRMAGON SOLR 80mg | 3 | NM PA |
| FIRMAGON SOLR 120mg/vial | 4 | NDS NM PA |
| *fulvestrant* (generic of FASLODEX) SOSY 250mg/5ml | 4 | NDS B/D |
| INLURIYO TABS 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| *letrozole* (generic of FEMARA) TABS 2.5mg | 1 | |
| *leuprolide acetate* KIT 1mg/0.2ml | 1 | NM PA |
| *leuprolide acetate (3 month)* INJ 22.5mg | 1 | NM PA |
| LIFYORLI CAP 125MG DS QL (18 caps / 28 days) | 4 | NDS QL NM PA |
| LIFYORLI CAP 150MG DS QL (27 caps / 28 days) | 4 | NDS QL 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 |
| *megestrol acetate* TABS 20mg, 40mg | 2 | |
| *nilutamide* 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 |
| *tamoxifen citrate* TABS 10mg, 20mg | 1 | |
| *toremifene citrate* (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 |
| VEPPANU TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| VEPPANU TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI CAPS 40mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 40mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| 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*** | | |
| *lenalidomide* (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| *lenalidomide* (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| *pomalidomide* (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 |
| BESREMI PEN SOPN 500mcg/0.5ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| *bexarotene* (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| *bleomycin sulfate* SOLR 15unit, 30unit | 1 | B/D |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 3 | B/D |
| *dacarbazine* SOLR 100mg | 1 | B/D |
| *dexrazoxane hcl* SOLR 250mg, 500mg | 4 | NDS B/D |
| DOXIL SUSP 2mg/ml | 4 | NDS B/D |
| *doxorubicin hcl* (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml | 1 | B/D |
| *doxorubicin hcl liposomal* (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 |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml | 3 | B/D |
| ETHYOL SOLR 500mg | 4 | NDS B/D |
| HYDREA CAPS 500mg | 3 | |
| *hydroxyurea* (generic of HYDREA) CAPS 500mg | 1 | |
| *irinotecan hcl* (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D |
| *irinotecan hcl* 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 |
| *leucovorin calcium* SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| *levoleucovorin calcium* SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg | 1 | B/D NM |
| MATULANE CAPS 50mg | 4 | NDS NM |
| *mesna* (generic of MESNEX) TABS 400mg | 4 | NDS |
| MESNEX TABS 400mg | 4 | NDS |
| *mitomycin* SOLR 5mg | 1 | B/D |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *mitomycin* SOLR 20mg, 40mg | 4 | NDS B/D |
| *mitoxantrone hcl* 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 |
| ONCASPAR SOLN 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 |
| *topotecan hcl* (generic of TOPOTECAN HCL) SOLN 4mg/4ml | 1 | B/D |
| *topotecan hcl* (generic of HYCAMTIN) SOLR 4mg | 4 | NDS B/D |
| *tretinoin (chemotherapy)* CAPS 10mg | 4 | NDS |
| *valrubicin* (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 |
| AVOPEF SOLN 100mg/5ml, 500mg/25ml | 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 | 1 | B/D |
| DOCETAXEL CONC 20mg/ml | 3 | B/D |
| *docetaxel* CONC 80mg/4ml | 4 | NDS B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D |
| *docetaxel* (generic of DOCETAXEL) CONC 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 |
| *eribulin mesylate* (generic of HALAVEN) SOLN 1mg/2ml | 4 | NDS B/D NM |
| ETOPOPHOS SOLR 100mg | 3 | B/D |
| *etoposide* 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 |
| *paclitaxel* CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| PACLITAXEL INJ 100MG | 4 | NDS B/D NM |
| *paclitaxel inj 100mg* (generic of ABRAXANE) | 4 | NDS B/D NM |
| *vinblastine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vincristine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vinorelbine tartrate* 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 |
| 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 |

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 | Tier | Requirements/ Limits |
|---|---|---|
| AUGTYRO CAPS 40mg<br>QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| AUGTYRO CAPS 160mg<br>QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| AVMAPKI PAK FAKZYNJA<br>QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 3mg<br>QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 4mg<br>QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 5mg<br>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 |
| *bortezomib* (generic of VELCADE) SOLR 3.5mg | 4 | NDS NM PA |
| BORUZU SOLN 3.5mg/1.4ml | 4 | NDS NM PA |
| BOSULIF CAPS 50mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF CAPS 100mg<br>QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 400mg, 500mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosutinib* (generic of BOSULIF) TABS 100mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosutinib* (generic of BOSULIF) TABS 400mg, 500mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA TABS 160mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CAVHANZA TBDP 60mg, 80mg<br>QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml | 4 | NDS NM PA |
| COMETRIQ (60MG DOSE) KIT 20mg<br>QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| COPIKTRA CAPS 15mg, 25mg<br>QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days) | 4 | NDS QL NM PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| DANZITEN TABS 71mg, 95mg<br>QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS NM PA |
| DARZALEX INJ FASPRO | 4 | NDS NM PA |
| *dasatinib* (generic of SPRYCEL) TABS 20mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *dasatinib* (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| DATROWAY SOLR 100mg | 4 | NDS NM PA |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ELAHERE SOLN 100mg/20ml | 4 | NDS NM PA |
| EMPLICITI SOLR 300mg, 400mg | 4 | NDS NM PA |
| EMRELIS SOLR 20mg, 100mg | 4 | NDS NM PA |
| ENHERTU SOLR 100mg | 4 | NDS NM PA |
| ENSACOVE CAPS 25mg<br>QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| ENSACOVE CAPS 100mg<br>QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml | 4 | NDS NM PA |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | NDS B/D NM |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *erlotinib hcl* TABS 25mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *erlotinib hcl* TABS 100mg, 150mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 3mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg<br>QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FYARRO SUSR 100mg | 4 | NDS NM PA |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| GAZYVA SOLN 1000mg/40ml | 4 | NDS NM PA |
| *gefitinib* (generic of IRESSA) TABS 250mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 100mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 400mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days) | 4 | NDS QL NM PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days) | 4 | NDS QL NM PA |
| HERCEP HYLEC SOL 60-10000 | 4 | NDS NM PA |
| HERCEPTIN SOLR 150mg | 4 | NDS NM PA |
| HERCESSI SOLR 150mg, 420mg | 4 | NDS NM PA |
| HERNEXEOS TABS 60mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| HERZUMA SOLR 150mg, 420mg | 4 | NDS NM PA |
| HYRNUO TABS 10mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg<br>QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg<br>QL (21 tabs / 28 days) | 4 | NDS QL NM PA |
| IBTROZI CAPS 200mg<br>QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 100mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 400mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| IMBRUVICA CAPS 140mg | 4 | NDS QL NM PA QL (120 caps / 30 days) |
| IMBRUVICA SUSP 70mg/ml | 4 | NDS QL NM PA QL (216 mL / 27 days) |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 4 | NDS QL NM PA QL (30 tabs / 30 days) |
| IMDELLTRA SOLR 1mg, 10mg | 4 | NDS NM PA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 4 | NDS NM PA |
| IMJUDO SOLN 25mg/1.25ml, 300mg/15ml | 4 | NDS NM PA |
| IMKELDI SOLN 80mg/ml | 4 | NDS QL NM PA QL (280 mL / 28 days) |
| INLYTA TABS 1mg | 4 | NDS QL NM PA QL (180 tabs / 30 days) |
| INLYTA TABS 5mg | 4 | NDS QL NM PA QL (120 tabs / 30 days) |
| INREBIC CAPS 100mg | 4 | NDS QL NM PA QL (120 caps / 30 days) |
| IRESSA TABS 250mg | 4 | NDS QL NM PA QL (60 tabs / 30 days) |
| ITOVEBI TABS 3mg | 4 | NDS QL NM PA QL (56 tabs / 28 days) |
| ITOVEBI TABS 9mg | 4 | NDS QL NM PA QL (28 tabs / 28 days) |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 4 | NDS QL NM PA QL (60 tabs / 30 days) |
| JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg | 4 | NDS QL NM PA QL (30 tabs / 30 days) |
| JAYPIRCA TABS 50mg | 4 | NDS QL NM PA QL (30 tabs / 30 days) |
| JAYPIRCA TABS 100mg | 4 | NDS QL NM PA QL (60 tabs / 30 days) |
| JEMPERLI SOLN 500mg/10ml | 4 | NDS NM PA |
| JIDEYTRO TABS 25mg | 4 | NDS QL NM PA QL (90 tabs / 30 days) |
| JIDEYTRO TABS 100mg | 4 | NDS QL NM PA QL (30 tabs / 30 days) |
| JOBEVNE SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| KADCYLA SOLR 100mg, 160mg | 4 | NDS B/D NM |
| KANJINTI SOLR 150mg, 420mg | 4 | NDS NM PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | NDS NM PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | 4 | NDS QL NM PA QL (1 vial / 21 days) |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | 4 | NDS QL NM PA QL (1 vial / 42 days) |
| KIMMTRAK SOLN 100mcg/0.5ml | 4 | NDS NM PA |
| KISQALI 200 DOSE TBPK 200mg | 4 | NDS QL NM PA QL (21 tabs / 28 days) |
| KISQALI 400 DOSE TBPK 200mg | 4 | NDS QL NM PA QL (42 tabs / 28 days) |
| KISQALI 600 DOSE TBPK 200mg | 4 | NDS QL NM PA QL (63 tabs / 28 days) |
| KOMZIFTI CAPS 200mg | 4 | NDS QL NM PA QL (90 caps / 30 days) |
| KOSELUGO CAPS 10mg | 4 | NDS QL NM PA QL (240 caps / 30 days) |
| KOSELUGO CAPS 25mg | 4 | NDS QL NM PA QL (120 caps / 30 days) |
| KOSELUGO CPSP 5mg | 4 | NDS QL NM PA QL (600 caps / 30 days) |
| KOSELUGO CPSP 7.5mg | 4 | NDS QL NM PA QL (360 caps / 30 days) |
| KRAZATI TABS 200mg | 4 | NDS QL NM PA QL (180 tabs / 30 days) |
| KYPROLIS SOLR 10mg, 30mg, 60mg | 4 | NDS NM PA |
| *lapatinib ditosylate* (generic of TYKERB) TABS 250mg | 4 | NDS QL NM PA QL (180 tabs / 30 days) |
| LAZCLUZE TABS 80mg | 4 | NDS QL NM PA QL (60 tabs / 30 days) |
| LAZCLUZE TABS 240mg | 4 | NDS QL NM PA QL (30 tabs / 30 days) |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 4 | NDS QL NM PA QL (30 caps / 30 days) |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 4 | NDS QL NM PA QL (60 caps / 30 days) |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 4 | NDS QL NM PA |
| QL (30 caps / 30 days) | | |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 4 | NDS QL NM PA |
| QL (90 caps / 30 days) | | |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 4 | NDS QL NM PA |
| QL (60 caps / 30 days) | | |
| LENVIMA CAP 14 MG | 4 | NDS QL NM PA |
| QL (60 caps / 30 days) | | |
| LENVIMA CAP 18 MG | 4 | NDS QL NM PA |
| QL (90 caps / 30 days) | | |
| LENVIMA CAP 24 MG | 4 | NDS QL NM PA |
| QL (90 caps / 30 days) | | |
| LIBTAYO SOLN 350mg/7ml | 4 | NDS NM PA |
| LOQTORZI SOLN 240mg/6ml | 4 | NDS NM PA |
| LORBRENA TABS 25mg | 4 | NDS QL NM PA |
| QL (90 tabs / 30 days) | | |
| LORBRENA TABS 100mg | 4 | NDS QL NM PA |
| QL (30 tabs / 30 days) | | |
| LUMAKRAS TABS 120mg | 4 | NDS QL NM PA |
| QL (240 tabs / 30 days) | | |
| LUMAKRAS TABS 240mg | 4 | NDS QL NM PA |
| QL (120 tabs / 30 days) | | |
| LUMAKRAS TABS 320mg | 4 | NDS QL NM PA |
| QL (90 tabs / 30 days) | | |
| LUNSUMIO SOLN 1mg/ml, 30mg/30ml | 4 | NDS NM PA |
| LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml | 4 | NDS NM PA |
| LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml | 4 | NDS NM PA |
| LYNPARZA TABS 100mg, 150mg | 4 | NDS QL NM PA |
| QL (120 tabs / 30 days) | | |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 4 | NDS QL NM PA |
| QL (84 tabs / 28 days) | | |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 4 | NDS QL NM PA |
| QL (112 tabs / 28 days) | | |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 4 | NDS QL NM PA |
| QL (140 tabs / 28 days) | | |
| MARGENZA SOLN 250mg/10ml | 4 | NDS NM PA |
| MEKINIST SOLR .05mg/ml | 4 | NDS QL NM PA |
| QL (1260 mL / 30 days) | | |
| MEKINIST TABS 2mg | 4 | NDS QL NM PA |
| QL (30 tabs / 30 days) | | |
| MEKINIST TABS .5mg | 4 | NDS QL NM PA |
| QL (90 tabs / 30 days) | | |
| MEKTOVI TABS 15mg | 4 | NDS QL NM PA |
| QL (180 tabs / 30 days) | | |
| 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 | 4 | NDS QL NM PA |
| QL (180 tabs / 30 days) | | |
| NEXAVAR TABS 200mg | 4 | NDS QL NM PA |
| QL (120 tabs / 30 days) | | |
| NILOTINIB D-TARTRATE CAPS 50mg | 4 | NDS QL NM PA |
| QL (120 caps / 30 days) | | |
| NILOTINIB D-TARTRATE CAPS 150mg, 200mg | 4 | NDS QL NM PA |
| QL (112 caps / 28 days) | | |
| *nilotinib hcl* (generic of TASIGNA) CAPS 50mg | 4 | NDS QL NM PA |
| QL (120 caps / 30 days) | | |
| *nilotinib hcl* (generic of TASIGNA) CAPS 150mg, 200mg | 4 | NDS QL NM PA |
| QL (112 caps / 28 days) | | |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 4 | NDS QL NM PA |
| QL (3 caps / 28 days) | | |
| ODOMZO CAPS 200mg | 4 | NDS QL NM PA |
| QL (30 caps / 30 days) | | |
| OGIVRI SOLR 150mg, 420mg | 4 | NDS NM PA |
| OGSIVEO TABS 100mg, 150mg | 4 | NDS QL NM PA |
| QL (56 tabs / 28 days) | | |
| OJEMDA SUSR 25mg/ml | 4 | NDS QL NM PA |
| QL (96 mL / 28 days) | | |
| OJEMDA TABS 100mg | 4 | NDS QL NM PA |
| QL (24 tabs / 28 days) | | |
| OJJAARA TABS 100mg, 150mg, 200mg | 4 | NDS QL NM PA |
| QL (30 tabs / 30 days) | | |
| ONTRUZANT SOLR 150mg, 420mg | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 4 | NDS NM PA |
| OPDIVO INJ QVANTIG | 4 | NDS NM PA |
| OPDUALAG INJ | 4 | NDS NM PA |
| PADCEV SOLR 20mg, 30mg | 4 | NDS NM PA |
| *pazopanib hcl* (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *pazopanib hcl* 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 |
| ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 100mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK PACK 50mg QL (336 packets / 28 days) | 4 | NDS QL NM PA |
| RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| RYBREVANT SOLN 350mg/7ml | 4 | NDS NM PA |
| RYBREVANT INJ FASPRO | 4 | NDS NM PA |
| RYDAPT CAPS 25mg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 4 | NDS NM PA |
| SARCLISA ESCENA SOLN 1400mg/10ml | 4 | NDS NM PA |
| SCEMBLIX TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| SCEMBLIX TABS 40mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| SCEMBLIX TABS 100mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *sorafenib tosylate* (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| STIVARGA TABS 40mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sunitinib malate* (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TAFINLAR TBSO 10mg QL (840 tabs / 28 days) | 4 | NDS QL NM PA |
| TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .25mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | NDS NM PA |
| TECENTRIQ INJ HYBREZA QL (1 vial / 21 days) | 4 | NDS QL NM PA |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 4 | NDS NM PA |
| *temsirolimus* (generic of TORISEL) SOLN 25mg/ml | 4 | NDS B/D NM |
| TEPMETKO TABS 225mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TEVIMBRA SOLN 100mg/10ml, 150mg/15ml | 4 | NDS NM PA |
| TIBSOVO TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TIVDAK SOLR 40mg | 4 | NDS NM PA |
| TORISEL SOLN 25mg/ml | 4 | NDS B/D NM |
| *torpenz* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TRAZIMERA SOLR 150mg, 420mg | 4 | NDS NM PA |
| TRODELVY SOLR 180mg | 4 | NDS NM PA |
| TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days) | 4 | NDS QL NM PA |
| TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days) | 4 | NDS QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TURALIO CAPS 125mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TYKERB TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| UNLOXCYT SOLN 300mg/5ml | 4 | NDS NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS B/D NM |
| VEGZELMA SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| VELCADE SOLR 3.5mg | 4 | NDS NM PA |
| VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | 2 | QL NM PA |
| VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VENCLEXTA TAB START PK QL (42 tabs / 28 days) | 4 | NDS QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 25mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VONJO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VOTRIENT TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| VYLOY SOLR 100mg, 300mg | 4 | NDS NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XALKORI CPSP 150mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| XOSPATA TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml | 4 | NDS NM PA |
| *yulithira* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 4 | NDS NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ZELBORAF TABS 240mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ZIIHERA SOLR 300mg | 4 | NDS NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| ZOLINZA CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM 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*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* QL (30 caps / 30 days) | 1 | QL |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | 1 | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| 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 | |
| *eplerenone* TABS 25mg, 50mg | 1 | |
| INSPRA TABS 25mg, 50mg | 3 | |
| KERENDIA TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 2 | QL |
| *spironolactone* (generic of CAROSPIR) SUSP 25mg/5ml | 1 | |
| *spironolactone* (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | 1 | |
| ***ALPHA BLOCKERS*** | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |
| *doxazosin mesylate* (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | 1 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| TEZRULY SOLN 1mg/ml<br>QL (600 mL / 30 days) | 3 | QL ST |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-160 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-320 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-160 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-320 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* (generic of EXFORGE HCT) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| ATACAND HCT TAB 16-12.5 | 3 | QL |
| QL (60 tabs / 30 days) | | |
| ATACAND HCT TAB 32-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| ATACAND HCT TAB 32-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| AVALIDE TAB 150-12.5 | 3 | QL |
| QL (60 tabs / 30 days) | | |
| AVALIDE TAB 300-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| AZOR TAB 5-20MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| AZOR TAB 5-40MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| AZOR TAB 10-20MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| AZOR TAB 10-40MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| BENICAR HCT TAB 20-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| BENICAR HCT TAB 40-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| BENICAR HCT TAB 40-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* (generic of ATACAND HCT) | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* (generic of ATACAND HCT) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* (generic of ATACAND HCT) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| DIOVAN HCT TAB 80-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| DIOVAN HCT TAB 160-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| DIOVAN HCT TAB 160-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| DIOVAN HCT TAB 320-12.5 | 3 | QL |
| QL (30 tabs / 30 days) | | |
| DIOVAN HCT TAB 320-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EDARBYCLOR TAB 40-12.5 | 3 | QL ST |
| QL (30 tabs / 30 days) | | |
| EDARBYCLOR TAB 40-25MG | 3 | QL ST |
| QL (30 tabs / 30 days) | | |
| ENTRESTO CAP 6-6MG | 2 | QL |
| QL (240 caps / 30 days) | | |
| ENTRESTO CAP 15-16MG | 2 | QL |
| QL (240 caps / 30 days) | | |
| ENTRESTO TAB 24-26MG | 3 | QL |
| QL (180 tabs / 30 days) | | |
| ENTRESTO TAB 49-51MG | 3 | QL |
| QL (60 tabs / 30 days) | | |
| ENTRESTO TAB 97-103MG | 3 | QL |
| QL (60 tabs / 30 days) | | |
| EXFORGE HCT TAB 5-160-12.5MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE HCT TAB 5-160-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE HCT TAB 10-160-12.5MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE HCT TAB 10-160-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE HCT TAB 10-320-25MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE TAB 5-160MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE TAB 5-320MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE TAB 10-160MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| EXFORGE TAB 10-320MG | 3 | QL |
| QL (30 tabs / 30 days) | | |
| HYZAAR TAB 50-12.5 | 3 | |
| HYZAAR TAB 100-12.5 | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HYZAAR TAB 100-25 | 3 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* (generic of AVALIDE) QL (60 tabs / 30 days) | 1 | QL |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* (generic of AVALIDE) QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* (generic of HYZAAR) | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* (generic of HYZAAR) | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* (generic of HYZAAR) | 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 |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 24-26 mg* (generic of ENTRESTO) QL (180 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 49-51 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 97-103 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* (generic of MICARDIS HCT) | 1 | QL (60 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* (generic of MICARDIS HCT) | 1 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 20-5-12.5MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-5-12.5MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-5-25MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-10-12.5MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-10-25MG | 3 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* (generic of DIOVAN HCT) | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* (generic of DIOVAN HCT) | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* (generic of DIOVAN HCT) | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* (generic of DIOVAN HCT) | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* (generic of DIOVAN HCT) | 1 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 10-1.25-0.625 | 3 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 20-2.5-1.25 | 3 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 40-5-2.5 | 3 | QL (30 tabs / 30 days) |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| ARBLI SUSP 10mg/ml | 3 | QL (330 mL / 30 days) |
| ATACAND TABS 4mg, 8mg, 16mg | 3 | QL (60 tabs / 30 days) |
| ATACAND TABS 32mg | 3 | QL (30 tabs / 30 days) |
| AVAPRO TABS 150mg, 300mg | 3 | QL (30 tabs / 30 days) |
| *azilsartan medoxomil* (generic of EDARBI) TABS 40mg, 80mg | 3 | QL ST (30 tabs / 30 days) |
| BENICAR TABS 5mg | 3 | QL (60 tabs / 30 days) |
| BENICAR TABS 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| *candesartan cilexetil* (generic of ATACAND) TABS 4mg, 8mg, 16mg | 1 | QL (60 tabs / 30 days) |
| *candesartan cilexetil* (generic of ATACAND) TABS 32mg | 1 | QL (30 tabs / 30 days) |
| COZAAR TABS 25mg, 50mg, 100mg | 3 | |
| DIOVAN TABS 40mg, 80mg, 160mg | 3 | QL (60 tabs / 30 days) |
| DIOVAN TABS 320mg | 3 | QL (30 tabs / 30 days) |
| EDARBI TABS 40mg, 80mg | 3 | QL ST (30 tabs / 30 days) |
| *irbesartan* TABS 75mg | 1 | QL (30 tabs / 30 days) |
| *irbesartan* (generic of AVAPRO) TABS 150mg, 300mg | 1 | QL (30 tabs / 30 days) |
| *losartan potassium* (generic of COZAAR) TABS 25mg, 50mg, 100mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *olmesartan medoxomil* (generic of BENICAR) TABS 5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil* (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan* TABS 20mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan* (generic of MICARDIS) TABS 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan* SOLN 4mg/ml<br>QL (2400 mL / 30 days) | 4 | NDS QL PA |
| *valsartan* (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *valsartan* (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | |
| BETAPACE TABS 80mg, 120mg, 160mg | 4 | NDS |
| BETAPACE AF TABS 80mg | 3 | |
| BETAPACE AF TABS 120mg, 160mg | 4 | NDS |
| *disopyramide phosphate* (generic of NORPACE) CAPS 100mg, 150mg | 3 | |
| *dofetilide* (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | 1 | NM |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days) | 3 | QL |
| NORPACE CAPS 100mg, 150mg | 3 | |
| *pacerone* TABS 100mg, 200mg, 400mg | 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| *quinidine sulfate* TABS 200mg, 300mg | 1 | |
| *sotalol hcl* (generic of BETAPACE) TABS 80mg, 120mg, 160mg | 1 | |
| *sotalol hcl* TABS 240mg | 1 | |
| *sotalol hcl (afib/afl)* (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1 | |
| SOTYLIZE SOLN 5mg/ml | 3 | |
| TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | NM |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate* CPDR 45mg, 135mg | 1 | |
| *fenofibrate* CAPS 50mg<br>QL (60 caps / 30 days) | 1 | QL ST |
| *fenofibrate* CAPS 150mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *fenofibrate* TABS 40mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| *fenofibrate* TABS 48mg, 54mg, 160mg | 1 | |
| *fenofibrate* TABS 120mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *fenofibrate* (generic of TRICOR) TABS 145mg | 1 | |
| *fenofibrate micronized* CAPS 43mg, 67mg, 134mg, 200mg | 1 | |
| *fenofibrate micronized* CAPS 130mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *fenofibric acid* TABS 35mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| *fenofibric acid* TABS 105mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *gemfibrozil* (generic of LOPID) TABS 600mg | 1 | |
| LIPOFEN CAPS 50mg<br>QL (60 caps / 30 days) | 3 | QL ST |
| LIPOFEN CAPS 150mg<br>QL (30 caps / 30 days) | 3 | QL ST |
| LOPID TABS 600mg | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| ATORVALIQ SUSP 20mg/5ml<br>QL (600 mL / 30 days) | 3 | QL ST |
| *atorvastatin calcium* (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| CRESTOR TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 3 | QL |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml<br>QL (300 mL / 30 days) | 3 | QL ST |
| *fluvastatin sodium* CAPS 20mg, 40mg<br>QL (60 caps / 30 days) | 1 | QL ST |
| *fluvastatin sodium* (generic of LESCOL XL) TB24 80mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| LESCOL XL TB24 80mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| LIPITOR TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 3 | QL |
| LIVALO TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *lovastatin* TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pitavastatin calcium* (generic of LIVALO) TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *rosuvastatin calcium* (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *simvastatin* TABS 5mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *simvastatin* (generic of ZOCOR) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ZOCOR TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ZYPITAMAG TABS 2mg, 4mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | 1 | |
| *cholestyramine light* PACK 4gm | 1 | |
| *cholestyramine light* (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| *colesevelam hcl* (generic of WELCHOL) PACK 3.75gm; TABS 625mg | 1 | |
| COLESTID GRAN 5gm; TABS 1gm | 3 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm | 1 | |
| *colestipol hcl* (generic of COLESTID) TABS 1gm | 1 | |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml | 4 | NDS NM PA |
| *ezetimibe* (generic of ZETIA) TABS 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-10 mg* (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-20 mg* (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-40 mg* (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-80 mg* (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1 | QL |
| JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg | 4 | NDS NM PA |
| LOVAZA CAP 1GM | 3 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days) | 2 | QL |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days) | 2 | QL |
| *niacin (antihyperlipidemic)* TABS 500mg | 1 | |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *niacor* TABS 500mg | 1 | |
| *omega-3-acid ethyl esters cap 1 gm* (generic of LOVAZA) | 1 | |
| *prevalite* PACK 4gm | 1 | |
| *prevalite* (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| REPATHA SOSY 140mg/ml<br>QL (6 syringes / 28 days) | 2 | QL NM PA |
| REPATHA SURECLICK SOAJ 140mg/ml<br>QL (6 autoinjectors / 28 days) | 2 | QL NM PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| VYTORIN TAB 10-10MG<br>QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-20MG<br>QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-40MG<br>QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-80MG<br>QL (30 tabs / 30 days) | 3 | QL |
| WELCHOL PACK 3.75gm; TABS 625mg | 3 | |
| ZETIA TABS 10mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | 1 | |
| *atenolol* (generic of TENORMIN) TABS 25mg, 50mg, 100mg | 1 | |
| *betaxolol hcl* TABS 10mg, 20mg | 1 | |
| *bisoprolol fumarate* TABS 2.5mg, 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 3 | QL |
| BYSTOLIC TABS 20mg<br>QL (60 tabs / 30 days) | 3 | QL |
| *carvedilol* (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| *carvedilol phosphate* (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg<br>QL (30 caps / 30 days) | 1 | QL |
| COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 3 | |
| COREG CR CP24 10mg, 20mg, 40mg, 80mg<br>QL (30 caps / 30 days) | 4 | NDS QL |
| INDERAL LA CP24 60mg, 80mg, 120mg, 160mg | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg | 3 | |
| *labetalol hcl* SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg | 1 | |
| LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg | 3 | |
| *metoprolol succinate* (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml; TABS 12.5mg, 25mg, 37.5mg, 75mg | 1 | |
| *metoprolol tartrate* (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| *nadolol* TABS 20mg, 40mg, 80mg | 1 | |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pindolol* TABS 5mg, 10mg | 1 | |
| *propranolol hcl* (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | 1 | |
| *propranolol hcl* SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| TENORMIN TABS 25mg, 50mg, 100mg | 3 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | 1 | |
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* (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 | |
| *cartia xt* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | 1 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | |
| *diltiazem hcl* (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 1 | |
| *diltiazem hcl* (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *diltiazem hcl coated beads* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| *diltiazem hcl extended release beads* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | 1 | |
| *isradipine* CAPS 2.5mg, 5mg | 1 | |
| KATERZIA SUSP 1mg/ml | 3 | |
| *matzim la* (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *nicardipine hcl* CAPS 20mg, 30mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%* (generic of NICARDIPINE HYDROCHLORIDE) | 1 | |
| *nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%* (generic of NICARDIPINE HYDROCHLORIDE) | 1 | |
| NICARDIPINE SOL 20/200ML | 3 | |
| NICARDIPINE SOL 40/200ML | 3 | |
| *nifedipine* (generic of PROCARDIA XL) TB24 30mg, 60mg | 1 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | 1 | |
| *nimodipine* CAPS 30mg | 1 | |
| *nimodipine* SOLN 60mg/20ml | 4 | NDS |
| *nisoldipine* (generic of SULAR) TB24 8.5mg, 17mg | 1 | |
| *nisoldipine* TB24 34mg | 1 | |
| NORLIQVA SOLN 1mg/ml | 3 | |
| NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| NYMALIZE SOLN 6mg/ml | 4 | NDS |
| PROCARDIA XL TB24 30mg, 60mg | 3 | |
| SDAMLO SOLR 2.5mg, 5mg, 10mg QL (30 bottles / 30 days) | 4 | NDS QL PA |
| SULAR TB24 8.5mg, 17mg, 34mg | 3 | |
| *tiadylt er* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *verapamil hcl* CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl* TABS 5mg | 1 | |
| *bumetanide* SOLN .25mg/ml; TABS 1mg, 2mg | 1 | |
| *bumetanide* (generic of BUMEX) TABS .5mg | 1 | |
| *chlorthalidone* TABS 25mg, 50mg | 1 | |
| *dichlorphenamide* (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| DIURIL SUSP 250mg/5ml | 3 | |
| DYRENIUM CAPS 50mg, 100mg | 3 | |
| EDECRIN TABS 25mg | 4 | NDS |
| ENBUMYST SOLN .5mg/0.1ml | 4 | NDS |
| *ethacrynic acid* (generic of EDECRIN) TABS 25mg | 1 | |
| FUROSCIX CTKT 80mg/10ml | 4 | NDS |
| *furosemide* SOLN 10mg/ml, 40mg/5ml | 1 | |
| *furosemide* (generic of LASIX) TABS 20mg, 40mg, 80mg | 1 | |
| *furosemide inj* SOLN 10mg/ml | 1 | |
| HEMICLOR TABS 12.5mg | 3 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| *indapamide* 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 |
| *methazolamide* TABS 25mg, 50mg | 1 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | 1 | |
| *ormalvi* (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| SOAANZ TABS 40mg | 3 | |

| Drug Name | Tier | Limits |
|---|---|---|
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| THALITONE TABS 15mg | 3 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| *triamterene* (generic of DYRENIUM) CAPS 50mg, 100mg | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| ADRENALIN SOLN 1mg/ml | 3 | |
| *aliskiren fumarate* (generic of TEKTURNA) TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* (generic of CADUET) | 1 | |
| ATTRUBY TBPK 356mg<br>QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| BAXFENDY TABS 1mg, 2mg<br>QL (30 tabs / 30 days) | 3 | QL 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 | |
| CADUET TAB 10-80MG | 3 | |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg<br>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 .05mg, .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml<br>QL (450 mL / 30 days) | 2 | QL |
| CORLANOR TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | 3 | QL |
| DEMSER CAPS 250mg | 4 | NDS NM PA |
| *digoxin* SOLN .05mg/ml | 1 | |
| *digoxin* (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *digoxin* (generic of LANOXIN) TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | 1 | QL |
| *droxidopa* (generic of NORTHERA) CAPS 100mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| *droxidopa* (generic of NORTHERA) CAPS 200mg, 300mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| EPINEPHRINE SOLN 1mg/ml | 3 | |
| *epinephrine* (generic of ADRENALIN) SOLN 1mg/ml | 1 | |
| *guanfacine hcl* TABS 1mg, 2mg<br>PA applies if 65 years and older | 2 | PA |
| *hydralazine hcl* SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| INPEFA TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* (generic of BIDIL) | 1 | |
| *ivabradine hcl* (generic of CORLANOR) TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| JAVADIN SOLN .02mg/ml | 3 | |
| LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |
| LANOXIN TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | 3 | QL |
| LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| LODOCO TABS .5mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| *methyldopa* TABS 250mg, 500mg<br>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<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXICLON XR TB24 .17mg | 3 | |
| NORTHERA CAPS 100mg<br>QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| NORTHERA CAPS 200mg, 300mg<br>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<br>QL (1 syringe / 90 days) | 4 | NDS QL NM PA |
| TEKTURNA TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 3 | QL |
| TRYNGOLZA SOAJ 50mg/0.8ml<br>QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| TRYNGOLZA SOAJ 80mg/0.8ml<br>QL (1 autoinjector / 30 days) | 4 | NDS QL NM PA |
| TRYVIO TABS 12.5mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 2 | QL PA |
| VYNDAMAX CAPS 61mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| VYNDAQEL CAPS 20mg<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 10mg, 20mg, 30mg | 1 | |
| *isosorbide dinitrate* TABS 40mg | 1 | ST |
| *isosorbide mononitrate* TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |
| *nitro-bid* OINT 2% | 1 | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 4 | NDS |
| *nitroglycerin* OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | |
| *nitroglycerin* (generic of NITROLINGUAL) SOLN .4mg/spray | 1 | |
| *nitroglycerin* (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1 | |
| NITROLINGUAL SOLN .4mg/spray | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADCIRCA TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *alyq* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *ambrisentan* (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosentan* (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosentan* (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *epoprostenol sodium* (generic of VELETRI) SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *macitentan* (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSUMIT TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSYNVI TAB 10-20MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSYNVI TAB 10-40MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 4 | NDS NM PA |
| ORENITRAM TBCR .125mg | 3 | NM PA |
| ORENITRAM TAB MONTH 1 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 2 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 3 | 4 | NDS NM PA |
| REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| REVATIO SOLN 10mg/12.5ml | 4 | NDS NM PA |
| REVATIO TABS 20mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* (generic of REVATIO) SOLN 10mg/12.5ml | 4 | NDS NM PA |
| *sildenafil citrate (pulmonary hypertension)* SUSR 10mg/ml QL (784 mL / 30 days) | 4 | NDS QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | 1 | QL NM PA |
| *tadalafil (pulmonary hypertension)* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *treprostinil* 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 |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg<br>QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW 16-32-48<br>QL (252 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW 48-80MCG<br>QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 32-64MCG<br>QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 48-64MCG<br>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 100mcg, 150mcg<br>QL (280 tabs / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI TABS 200mcg<br>QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| UPTRAVI PACK TAB 200/800<br>QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| VELETRI SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| WINREVAIR KIT 45mg, 60mg<br>QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 45MG<br>QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 60MG<br>QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg<br>QL (140 caps / 28 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1 | QL |
| *alprazolam* TB24 2mg, 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *alprazolam* TB24 .5mg, 1mg<br>QL (150 tabs / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *alprazolam* TBDP .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1 | QL |
| *alprazolam* TBDP .25mg<br>QL (120 tabs / 30 days) | 1 | QL |
| ALPRAZOLAM INTENSOL CONC 1mg/ml<br>QL (300 mL / 30 days) | 3 | QL |
| ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | |
| ATIVAN TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 4 | NDS QL |
| BUCAPSOL CAPS 5mg, 7.5mg, 10mg<br>QL (60 caps / 30 days) | 4 | NDS QL |
| BUCAPSOL CAPS 15mg<br>QL (120 caps / 30 days) | 4 | NDS QL |
| *buspirone hcl* TABS 2.5mg, 12.5mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| *chlordiazepoxide hcl* CAPS 5mg, 10mg, 25mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *fluvoxamine maleate* CP24 100mg, 150mg<br>QL (60 caps / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | 1 | |
| *lorazepam* CONC 2mg/ml<br>QL (150 mL / 30 days) | 1 | QL |
| *lorazepam* (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | 1 | |
| *lorazepam* (generic of ATIVAN) TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1 | QL |
| *lorazepam intensol* CONC 2mg/ml<br>QL (150 mL / 30 days) | 1 | QL |
| LOREEV XR CS24 1mg, 1.5mg, 2mg<br>QL (150 caps / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| LOREEV XR CS24 3mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *oxazepam* CAPS 10mg, 15mg, 30mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| XANAX TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 3 | QL |
| XANAX XR TB24 2mg, 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| ***ANTIDEMENTIA*** | | |
| ARICEPT TABS 5mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ARICEPT TABS 10mg, 23mg | 3 | |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 10mg, 23mg | 1 | |
| *donepezil hydrochloride* TBDP 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *donepezil hydrochloride* TBDP 10mg | 1 | |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 3 | QL |
| *galantamine hydrobromide* CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days) | 1 | QL |
| *galantamine hydrobromide* SOLN 4mg/ml<br>QL (200 mL / 30 days) | 1 | QL |
| *galantamine hydrobromide* TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days) | 1 | QL |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml<br>QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| *memantine hcl* CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1 | PA |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack*<br>PA applies if 29 years and younger | 1 | PA |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* (generic of NAMZARIC) | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* (generic of NAMZARIC) | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* (generic of NAMZARIC) | 1 | |
| NAMZARIC CAP 7-10MG | 3 | |
| NAMZARIC CAP 14-10MG | 3 | |
| NAMZARIC CAP 21-10MG | 3 | |
| NAMZARIC CAP 28-10MG | 3 | |
| *rivastigmine* (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *rivastigmine tartrate* CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days) | 1 | QL |
| ZUNVEYL TBEC 5mg, 10mg, 15mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older | 2 | PA |
| *amoxapine* TABS 25mg, 50mg, 100mg, 150mg<br>PA applies if 65 years and older | 2 | PA |
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 4 | NDS PA |
| APLENZIN TB24 174mg<br>QL (60 tabs / 30 days) | 4 | NDS QL ST |
| APLENZIN TB24 348mg, 522mg<br>QL (30 tabs / 30 days) | 4 | NDS QL ST |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days) | 3 | QL |
| AUVELITY TAB TITRATIO<br>QL (2 packs / year) | 4 | NDS QL |
| *bupropion hcl* TABS 75mg, 100mg | 1 | |
| *bupropion hcl* (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 150mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 300mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *bupropion hcl* TB24 450mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| CELEXA TABS 10mg, 20mg, 40mg | 3 | |
| CITALOPRAM HYDROBROMIDE CAPS 30mg<br>QL (30 caps / 30 days) | 3 | QL ST |
| *citalopram hydrobromide* (generic of CITALOPRAM HYDROBROMIDE) CAPS 30mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *citalopram hydrobromide* SOLN 10mg/5ml | 1 | |
| *citalopram hydrobromide* (generic of CELEXA) TABS 10mg, 20mg, 40mg | 1 | |
| *clomipramine hcl* (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | 3 | PA |
| *desipramine hcl* (generic of NORPRAMIN) TABS 10mg, 25mg<br>PA applies if 65 years and older | 3 | PA |
| *desipramine hcl* TABS 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older | 3 | PA |
| DESVENLAFAXINE ER TB24 50mg, 100mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *desvenlafaxine succinate* (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *doxepin hcl* CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | 2 | PA |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| *duloxetine hcl* CPEP 20mg<br>QL (120 caps / 30 days) | 1 | QL |
| *duloxetine hcl* CPEP 30mg<br>QL (90 caps / 30 days) | 1 | QL |
| *duloxetine hcl* CPEP 40mg, 60mg<br>QL (60 caps / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 3 | QL |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days) | 4 | NDS QL PA |
| ESCITALOPRAM OXALATE CAPS 15mg<br>QL (30 caps / 30 days) | 3 | QL |
| *escitalopram oxalate* SOLN 5mg/5ml | 1 | |
| *escitalopram oxalate* (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | 1 | |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| EXXUA TITRATION PACK TB24 18.2mg<br>QL (2 packs / year) | 4 | NDS QL PA |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year) | 3 | QL PA |
| *fluoxetine hcl* CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| *fluoxetine hcl* CPDR 90mg<br>QL (4 caps / 28 days) | 1 | QL |
| *fluoxetine hcl* TABS 10mg, 60mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *fluoxetine hcl* TABS 20mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *fluoxetine hcl (pmdd)* TABS 10mg<br>QL (30 tabs / 30 days)<br>(generic of SARAFEM) | 1 | QL |
| *fluoxetine hcl (pmdd)* TABS 20mg<br>QL (120 tabs / 30 days)<br>(generic of SARAFEM) | 1 | QL |
| FORFIVO XL TB24 450mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *imipramine hcl* TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older | 1 | PA |
| *imipramine pamoate* CAPS 75mg, 100mg, 125mg, 150mg<br>PA applies if 65 years and older | 3 | PA |
| LEXAPRO TABS 5mg, 10mg, 20mg | 3 | |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days) | 3 | QL |
| *mirtazapine* TABS 7.5mg, 45mg | 1 | |
| *mirtazapine* (generic of REMERON) TABS 15mg, 30mg | 1 | |
| *mirtazapine* (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | 1 | |
| NARDIL TABS 15mg | 3 | |
| *nefazodone hcl* TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| NORPRAMIN TABS 10mg, 25mg<br>PA applies if 65 years and older | 3 | PA |
| *nortriptyline hcl* (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | 1 | |
| *nortriptyline hcl* SOLN 10mg/5ml | 3 | |
| PARNATE TABS 10mg | 4 | NDS |
| *paroxetine hcl* SUSP 10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *paroxetine hcl* (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older | 1 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *paroxetine hcl* (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| PAXIL TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older | 3 | PA |
| PAXIL CR TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *perphenazine-amitriptyline tab 2-10 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 2-25 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-10 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-25 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-50 mg*<br>PA applies if 65 years and older | 2 | PA |
| *phenelzine sulfate* (generic of NARDIL) TABS 15mg | 1 | |
| PRISTIQ TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *protriptyline hcl* TABS 5mg, 10mg | 3 | |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days) | 3 | QL PA |
| REMERON TABS 15mg, 30mg | 3 | |
| REMERON SOLTAB TBDP 15mg, 30mg, 45mg | 3 | |
| *sertraline hcl* (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *sertraline hcl* (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg<br>QL (30 caps / 30 days) | 3 | QL ST |
| SPRAVATO 56MG DOSE SOPK 28mg/device | 4 | NDS NM PA |
| SPRAVATO 84MG DOSE SOPK 28mg/device | 4 | NDS NM PA |
| *tranylcypromine sulfate* (generic of PARNATE) TABS 10mg | 1 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg<br>QL (120 caps / 30 days) | 3 | QL |
| *trimipramine maleate* CAPS 100mg<br>QL (60 caps / 30 days) | 3 | QL |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| VENLAFAXINE BESYLATE ER TB24 112.5mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *venlafaxine hcl* (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | 1 | |
| *venlafaxine hcl* TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg | 1 | |
| *venlafaxine hcl* TB24 225mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| VIIBRYD TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *vilazodone hcl* (generic of VIIBRYD) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ 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* CAPS 5mg; TABS 2.5mg | 1 | |
| *carb/levo orally disintegrating tab 10-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-250mg* | 1 | |
| *carbidopa* (generic of LODOSYN) TABS 25mg | 1 | |
| *carbidopa & levodopa 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 | 4 | NDS B/D NM |
| *entacapone* TABS 200mg | 1 | |
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| LODOSYN TABS 25mg | 4 | NDS |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 3 | PA |
| NOURIANZ TABS 20mg, 40mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM |
| ONAPGO SOCT 98mg/20ml<br>QL (30 cartridges / 30 days) | 4 | NDS QL NM PA |
| ONGENTYS CAPS 25mg, 50mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| PARLODEL CAPS 5mg; TABS 2.5mg | 3 | |
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 1 | |
| *rasagiline mesylate* (generic of AZILECT) TABS .5mg, 1mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *ropinirole hydrochloride* 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 |
| *selegiline hcl* CAPS 5mg; TABS 5mg | 1 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml | 2 | |
| *trihexyphenidyl hcl* TABS 2mg, 5mg | 1 | |
| VYALEV INJ 12-240MG | 4 | NDS NM PA |
| XADAGO TABS 50mg, 100mg | 4 | NDS |
| ZELAPAR TBDP 1.25mg | 4 | NDS |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days) | 4 | NDS QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days) | 4 | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 injection / 28 days) | 4 | NDS QL |
| *aripiprazole* SOLN 1mg/ml<br>QL (900 mL / 30 days) | 1 | QL |
| *aripiprazole* (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *aripiprazole* TBDP 10mg, 15mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days) | 4 | NDS QL |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days) | 4 | NDS QL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | NDS |
| *asenapine maleate* (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| BYSANTI TAB PACK A<br>QL (2 packs / year) | 3 | QL PA |
| BYSANTI TAB PACK B<br>QL (2 packs / year) | 3 | QL PA |
| BYSANTI TAB PACK C<br>QL (2 packs / year) | 3 | QL PA |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days) | 4 | NDS QL |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *lurasidone hcl* (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg | 1 | QL (30 tabs / 30 days) |
| *lurasidone hcl* (generic of LATUDA) TABS 80mg | 1 | QL (60 tabs / 30 days) |
| LYBALVI TAB 5-10MG | 4 | NDS QL (30 tabs / 30 days) |
| LYBALVI TAB 10-10MG | 4 | NDS QL (30 tabs / 30 days) |
| LYBALVI TAB 15-10MG | 4 | NDS QL (30 tabs / 30 days) |
| LYBALVI TAB 20-10MG | 4 | NDS QL (30 tabs / 30 days) |
| *molindone hcl* TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg | 4 | NDS QL NM PA (30 caps / 30 days) |
| NUPLAZID TABS 10mg | 4 | NDS QL NM PA (30 tabs / 30 days) |
| *olanzapine* (generic of ZYPREXA) SOLR 10mg | 1 | QL (3 vials / 1 day) |
| *olanzapine* (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg | 1 | QL (60 tabs / 30 days) |
| *olanzapine* (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg | 1 | QL (30 tabs / 30 days) |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg | 1 | QL ST (30 tabs / 30 days) |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 10mg | 1 | QL ST (60 tabs / 30 days) |
| OPIPZA FILM 2mg, 5mg | 4 | NDS QL PA (30 films / 30 days) |
| OPIPZA FILM 10mg | 4 | NDS QL PA (90 films / 30 days) |
| *paliperidone* TB24 1.5mg | 1 | QL (30 tabs / 30 days) |
| *paliperidone* (generic of INVEGA) TB24 3mg, 9mg | 1 | QL (30 tabs / 30 days) |
| *paliperidone* (generic of INVEGA) TB24 6mg | 1 | QL (60 tabs / 30 days) |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg | 4 | NDS QL (1 syringe / 30 days) |
| *pimozide* TABS 1mg, 2mg | 1 | |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 25mg | 1 | QL (180 tabs / 30 days) |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 50mg, 100mg, 200mg | 1 | QL (90 tabs / 30 days) |
| *quetiapine fumarate* TABS 150mg | 1 | QL (90 tabs / 30 days) |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 300mg, 400mg | 1 | QL (60 tabs / 30 days) |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg | 1 | QL PA (60 tabs / 30 days) |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 150mg, 200mg | 1 | QL PA (30 tabs / 30 days) |
| REXULTI TABS 3mg, 4mg | 4 | NDS QL (30 tabs / 30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | 4 | NDS QL (60 tabs / 30 days) |
| RISPERDAL SOLN 1mg/ml | 3 | QL (240 mL / 30 days) |
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg | 3 | |
| RISPERDAL CONSTA SRER 12.5mg | 3 | QL (2 injections / 28 days) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg<br>QL (2 injections / 28 days) | 4 | NDS QL |
| *risperidone* (generic of RISPERDAL) SOLN 1mg/ml<br>QL (240 mL / 30 days) | 1 | QL |
| *risperidone* (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| *risperidone* TABS .25mg | 1 | |
| *risperidone* TBDP 1mg, 2mg, 3mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| *risperidone* TBDP 4mg<br>QL (120 tabs / 30 days) | 1 | QL ST |
| *risperidone* TBDP .25mg, .5mg<br>QL (90 tabs / 30 days) | 1 | QL ST |
| *risperidone microspheres* (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg<br>QL (2 injections / 28 days) | 1 | QL |
| *risperidone microspheres* (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 injections / 28 days) | 4 | NDS QL |
| RYKINDO SRER 25mg<br>QL (2 vials / 28 days) | 4 | NDS QL PA |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days) | 4 | NDS QL |
| SEROQUEL TABS 25mg<br>QL (180 tabs / 30 days) | 3 | QL |
| SEROQUEL TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days) | 3 | QL |
| SEROQUEL TABS 300mg<br>QL (60 tabs / 30 days) | 3 | QL |
| SEROQUEL XR TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| SEROQUEL XR TB24 150mg, 200mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml<br>QL (1 syringe / 30 days) | 4 | NDS QL |
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml<br>QL (1 syringe / 60 days) | 4 | NDS QL |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days) | 4 | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days) | 4 | NDS QL |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days) | 4 | NDS QL |
| *ziprasidone hcl* (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days) | 1 | QL |
| *ziprasidone mesylate* (generic of GEODON) SOLR 20mg<br>QL (6 injections / 3 days) | 1 | QL |
| ZYPREXA SOLR 10mg<br>QL (3 vials / 1 day) | 3 | QL |
| ZYPREXA TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 3 | QL |
| ZYPREXA TABS 7.5mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ZYPREXA TABS 15mg, 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| ZYPREXA RELPREVV SUSR 210mg<br>QL (2 vials / 28 days) | 3 | QL NM PA |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *diazepam* SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam* (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | 1 | |
| *diazepam inj* SOLN 5mg/ml | 1 | |
| *diazepam intensol* CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| DILANTIN CAPS 30mg, 100mg | 3 | |
| DILANTIN INFATABS CHEW 50mg | 3 | |
| DILANTIN-125 SUSP 125mg/5ml | 3 | |
| *divalproex sodium* (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | |
| *divalproex sodium* (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | |
| *divalproex sodium* (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | |
| ELEPSIA XR TB24 1000mg | 3 | |
| ELEPSIA XR TB24 1500mg | 4 | NDS |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days) | 4 | NDS QL NM PA |
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days) | 3 | QL PA |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *ethosuximide* (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | 1 | |
| *felbamate* SUSP 600mg/5ml | 1 | |
| *felbamate* (generic of FELBATOL) TABS 400mg, 600mg | 1 | |
| FELBATOL TABS 400mg, 600mg | 4 | NDS |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (680 mL / 28 days) | 4 | NDS QL PA |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| *gabapentin* (generic of NEURONTIN) CAPS 100mg, 300mg<br>QL (360 caps / 30 days) | 1 | QL |
| *gabapentin* CAPS 200mg<br>QL (60 caps / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 600mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 800mg<br>QL (120 tabs / 30 days) | 1 | QL |
| GABARONE TABS 100mg<br>QL (360 tabs / 30 days) | 4 | NDS QL PA |
| GABARONE TABS 400mg<br>QL (270 tabs / 30 days) | 4 | NDS QL PA |
| KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KEPPRA TABS 250mg | 3 | |
| 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 |
| *lacosamide* (generic of VIMPAT) SOLN 200mg/20ml | 1 | |
| *lacosamide* (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| *lacosamide* (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL |
| *lacosamide oral* (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 | |
| *lamotrigine* (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | |
| *lamotrigine* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *lamotrigine* (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | ST |
| *lamotrigine* (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg | 1 | ST |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| *lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit* (generic of LAMICTAL ODT) | 1 | |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* (generic of LAMICTAL ODT) | 1 | |
| *lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit* (generic of LAMICTAL ODT) | 1 | |
| LEVETIR/NACL INJ 5MG/ML | 3 | |
| LEVETIR/NACL INJ 10MG/ML | 3 | |
| LEVETIR/NACL INJ 15MG/ML | 3 | |
| *levetiracetam* (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| *levetiracetam* TB3D 250mg QL (360 tabs / 30 days) | 1 | QL |
| *levetiracetam* TB3D 500mg QL (180 tabs / 30 days) | 1 | QL |
| *levetiracetam* (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days) | 3 | QL |
| LYRICA CAPS 200mg<br>QL (90 caps / 30 days) | 3 | QL |
| LYRICA CAPS 225mg, 300mg<br>QL (60 caps / 30 days) | 3 | QL |
| LYRICA SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *methsuximide* (generic of CELONTIN) CAPS 300mg | 1 | |
| MOTPOLY XR CP24 100mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| MOTPOLY XR CP24 150mg, 200mg<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| MYSOLINE TABS 50mg, 250mg | 4 | NDS |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days) | 3 | QL |
| NEURONTIN CAPS 100mg, 300mg<br>QL (360 caps / 30 days) | 3 | QL |
| NEURONTIN CAPS 400mg<br>QL (270 caps / 30 days) | 3 | QL |
| NEURONTIN SOLN 250mg/5ml<br>QL (2160 mL / 30 days) | 3 | QL |
| NEURONTIN TABS 600mg<br>QL (180 tabs / 30 days) | 4 | NDS QL |
| NEURONTIN TABS 800mg<br>QL (120 tabs / 30 days) | 4 | NDS QL |
| ONFI SUSP 2.5mg/ml<br>QL (480 mL / 30 days) | 4 | NDS QL PA |
| ONFI TABS 10mg, 20mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *oxcarbazepine* (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | |
| *oxcarbazepine* (generic of OXTELLAR XR) TB24 150mg, 300mg | 1 | PA |
| *oxcarbazepine* (generic of OXTELLAR XR) TB24 600mg | 4 | NDS PA |
| OXTELLAR XR TB24 150mg | 3 | PA |
| OXTELLAR XR TB24 300mg, 600mg | 4 | NDS PA |
| *perampanel* (generic of FYCOMPA) SUSP .5mg/ml<br>QL (680 mL / 28 days) | 4 | NDS QL PA |
| *perampanel* (generic of FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *perampanel* (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *phenobarbital* ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 years and older | 3 | PA |
| *phenytek* CAPS 200mg, 300mg | 1 | |
| *phenytoin* (generic of DILANTIN INFATABS) CHEW 50mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *phenytoin* (generic of DILANTIN-125) SUSP 125mg/5ml | 1 | |
| *phenytoin sodium* SOLN 50mg/ml | 1 | |
| *phenytoin sodium extended* (generic of DILANTIN) CAPS 100mg | 1 | |
| *phenytoin sodium extended* CAPS 200mg, 300mg | 1 | |
| *pregabalin* (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older | 1 | QL PA |
| *primidone* (generic of MYSOLINE) TABS 50mg, 250mg | 1 | |
| *primidone* TABS 125mg | 1 | |
| *relgaabi* CAPS 200mg QL (60 caps / 30 days) | 1 | QL |
| *relgaabi* (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days) | 1 | QL |
| *relgaabi* (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | 1 | QL |
| *roweepra* (generic of KEPPRA) TABS 500mg | 1 | |
| *rufinamide* (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA |
| *rufinamide* (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days) | 1 | QL PA |
| *rufinamide* (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA |
| SABRIL PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| SABRIL TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRITAM TB3D 250mg QL (360 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 500mg QL (180 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 750mg QL (120 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 1000mg QL (90 tabs / 30 days) | 3 | QL |
| SUBVENITE SUSP 10mg/ml | 4 | NDS ST |
| *subvenite* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *subvenite starter kit/blu* (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| *subvenite starter kit/gre* (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| *subvenite starter kit/ora* (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days) | 4 | NDS QL PA |
| TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| TOPAMAX TABS 25mg | 3 | |
| TOPAMAX TABS 50mg, 100mg, 200mg | 4 | NDS |
| TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| TOPAMAX SPRINKLE CPSP 25mg | 4 | NDS |

| Drug Name | Tier | Limits |
|---|---|---|
| *topiramate* (generic of TROKENDI XR) CP24 25mg | 1 | QL PA |
| QL (480 caps / 30 days) | | |
| *topiramate* (generic of TROKENDI XR) CP24 50mg | 1 | QL PA |
| QL (240 caps / 30 days) | | |
| *topiramate* (generic of TROKENDI XR) CP24 100mg | 1 | QL PA |
| QL (120 caps / 30 days) | | |
| *topiramate* (generic of TROKENDI XR) CP24 200mg | 1 | QL PA |
| QL (60 caps / 30 days) | | |
| *topiramate* (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | |
| *topiramate* CPSP 50mg | 1 | |
| *topiramate* CS24 25mg | 1 | QL PA |
| QL (480 caps / 30 days) | | |
| *topiramate* CS24 50mg | 1 | QL PA |
| QL (240 caps / 30 days) | | |
| *topiramate* CS24 100mg | 1 | QL PA |
| QL (120 caps / 30 days) | | |
| *topiramate* CS24 150mg, 200mg | 1 | QL PA |
| QL (60 caps / 30 days) | | |
| *topiramate* (generic of EPRONTIA) SOLN 25mg/ml | 1 | QL PA |
| QL (480 mL / 30 days) | | |
| *topiramate* (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 4 | NDS |
| TRILEPTAL TABS 150mg | 3 | |
| TROKENDI XR CP24 25mg | 3 | QL PA |
| QL (480 caps / 30 days) | | |
| TROKENDI XR CP24 50mg | 3 | QL PA |
| QL (240 caps / 30 days) | | |
| TROKENDI XR CP24 100mg | 4 | NDS QL PA |
| QL (120 caps / 30 days) | | |
| TROKENDI XR CP24 200mg | 4 | NDS QL PA |
| QL (60 caps / 30 days) | | |

| Drug Name | Tier | Limits |
|---|---|---|
| VALIUM TABS 2mg, 5mg, 10mg | 3 | QL PA |
| QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | | |
| *valproate sodium* SOLN 100mg/ml, 250mg/5ml | 1 | |
| *valproic acid* CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 3 | QL |
| QL (10 blister packs / 30 days) | | |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 3 | QL |
| QL (10 blister packs / 30 days) | | |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 3 | QL |
| QL (10 blister packs / 30 days) | | |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 3 | QL |
| QL (10 blister packs / 30 days) | | |
| *vigabatrin* (generic of SABRIL) PACK 500mg | 4 | NDS QL NM PA |
| QL (180 packets / 30 days) | | |
| *vigabatrin* (generic of SABRIL) TABS 500mg | 4 | NDS QL NM PA |
| QL (180 tabs / 30 days) | | |
| *vigadrone* (generic of SABRIL) PACK 500mg | 4 | NDS QL NM PA |
| QL (180 packets / 30 days) | | |
| *vigadrone* (generic of SABRIL) TABS 500mg | 4 | NDS QL NM PA |
| QL (180 tabs / 30 days) | | |
| VIGAFYDE SOLN 100mg/ml | 4 | NDS QL NM PA |
| QL (900 mL / 30 days) | | |
| VIMPAT SOLN 10mg/ml | 4 | NDS QL |
| QL (1200 mL / 30 days) | | |
| VIMPAT SOLN 200mg/20ml | 4 | NDS |
| VIMPAT TABS 50mg | 3 | QL |
| QL (120 tabs / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| VIMPAT TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days) | 3 | QL |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (TITRATION)<br>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<br>QL (900 mL / 30 days) | 4 | NDS QL PA |
| *zonisamide* (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | |
| *zonisamide* CAPS 50mg | 1 | |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days) | 4 | NDS QL NM PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| ADDERALL TAB 5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 7.5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 10MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 12.5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 15MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 20MG<br>QL (90 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 30MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 5MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 10MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 15MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 20MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 25MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 30MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| *amphetamine* (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine* (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg* (generic of MYDAYIS)<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg* (generic of MYDAYIS)<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg* (generic of MYDAYIS)<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg* (generic of MYDAYIS)<br>QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* (generic of ADDERALL XR) | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *amphetamine-dextroamphetamine tab 5 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 7.5 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 10 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 12.5 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 15 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 20 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (90 tabs / 30 days) | | |
| *amphetamine-dextroamphetamine tab 30 mg* (generic of ADDERALL) | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| ARYNTA SOLN 10mg/ml | 3 | QL PA |
| QL (240 mL / 30 days) | | |
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg | 1 | QL |
| QL (120 caps / 30 days) | | |
| *atomoxetine hcl* CAPS 40mg | 1 | QL |
| QL (60 caps / 30 days) | | |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg | 1 | QL |
| QL (30 caps / 30 days) | | |
| *atomoxetine hcl* SOLN 4mg/ml | 1 | QL |
| QL (700 mL / 28 days) | | |
| ATONCY SOLN 4mg/ml | 3 | QL |
| QL (700 mL / 28 days) | | |
| AZSTARYS CAP 26.1-5.2 | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| AZSTARYS CAP 39.2-7.8 | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| AZSTARYS CAP 52.3-10. | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| CONCERTA TBCR 18mg, 27mg, 36mg | 3 | QL PA |
| QL (60 tabs / 30 days) | | |
| CONCERTA TBCR 54mg | 3 | QL PA |
| QL (30 tabs / 30 days) | | |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg | 3 | QL PA |
| QL (60 tabs / 30 days) | | |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr | 3 | QL PA |
| QL (30 patches / 30 days) | | |
| DEXEDRINE CP24 10mg | 4 | NDS QL PA |
| QL (150 caps / 30 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| DEXEDRINE CP24 15mg<br>QL (120 caps / 30 days) | 4 | NDS QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* CP24 5mg<br>QL (150 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* (generic of DEXEDRINE) CP24 10mg<br>QL (150 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* (generic of DEXEDRINE) CP24 15mg<br>QL (120 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 15mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 30mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days) | 3 | QL PA |
| DYANAVEL XR TBCR 5mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| FOCALIN TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days) | 3 | QL PA |
| FOCALIN TABS 10mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |
| INTUNIV TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| INTUNIV TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CHEW 10mg, 20mg, 30mg | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CHEW 40mg, 50mg, 60mg | 1 | QL PA |
| QL (30 tabs / 30 days) | | |
| METADATE CD CPCR 10mg, 20mg, 30mg | 3 | QL PA |
| QL (60 caps / 30 days) | | |
| METADATE CD CPCR 40mg, 50mg, 60mg | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| METHYLIN SOLN 5mg/5ml | 3 | QL PA |
| QL (1800 mL / 30 days) | | |
| METHYLIN SOLN 10mg/5ml | 3 | QL PA |
| QL (900 mL / 30 days) | | |
| *methylphenidate* (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr | 1 | QL PA |
| QL (30 patches / 30 days) | | |
| METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg | 3 | QL PA |
| QL (60 tabs / 30 days) | | |
| *methylphenidate hcl* CHEW 2.5mg, 5mg, 10mg | 1 | QL PA |
| QL (180 tabs / 30 days) | | |
| *methylphenidate hcl* CP24 10mg, 15mg, 20mg, 30mg | 1 | QL PA |
| QL (60 caps / 30 days) | | |
| *methylphenidate hcl* (generic of RITALIN LA) CP24 10mg, 30mg | 1 | QL PA |
| QL (60 caps / 30 days) | | |
| *methylphenidate hcl* (generic of RITALIN LA) CP24 40mg | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *methylphenidate hcl* CP24 40mg, 50mg, 60mg | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *methylphenidate hcl* (generic of METADATE CD) CPCR 10mg, 20mg, 30mg | 1 | QL PA |
| QL (60 caps / 30 days) | | |
| *methylphenidate hcl* (generic of METADATE CD) CPCR 40mg, 50mg, 60mg | 1 | QL PA |
| QL (30 caps / 30 days) | | |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 5mg/5ml | 1 | QL PA |
| QL (1800 mL / 30 days) | | |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 10mg/5ml | 1 | QL PA |
| QL (900 mL / 30 days) | | |
| *methylphenidate hcl* (generic of RITALIN) TABS 5mg, 10mg | 1 | QL PA |
| QL (180 tabs / 30 days) | | |
| *methylphenidate hcl* (generic of RITALIN) TABS 20mg | 1 | QL PA |
| QL (90 tabs / 30 days) | | |
| *methylphenidate hcl* TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *methylphenidate hcl* TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg | 1 | QL PA |
| QL (30 tabs / 30 days) | | |
| *methylphenidate hcl* TBCR 10mg, 20mg | 1 | QL PA |
| QL (90 tabs / 30 days) | | |
| *methylphenidate hcl* (generic of CONCERTA) TBCR 18mg, 27mg, 36mg | 1 | QL PA |
| QL (60 tabs / 30 days) | | |
| *methylphenidate hcl* (generic of CONCERTA) TBCR 54mg | 1 | QL PA |
| QL (30 tabs / 30 days) | | |
| MYDAYIS CAP 12.5MG | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| MYDAYIS CAP 25MG | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| MYDAYIS CAP 37.5MG | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| MYDAYIS CAP 50MG | 3 | QL PA |
| QL (30 caps / 30 days) | | |
| QELBREE CP24 100mg | 3 | QL PA |
| QL (180 caps / 30 days) | | |
| QELBREE CP24 150mg | 3 | QL PA |
| QL (60 caps / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| QELBREE CP24 200mg<br>QL (90 caps / 30 days) | 3 | QL PA |
| QUILLICHEW ER CHER 20mg, 30mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| QUILLICHEW ER CHER 40mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| QUILLIVANT XR SRER 25mg/5ml<br>QL (360 mL / 30 days) | 3 | QL PA |
| RELEXXII TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| RELEXXII TBCR 45mg, 54mg, 63mg, 72mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| RITALIN TABS 5mg, 10mg<br>QL (180 tabs / 30 days) | 3 | QL PA |
| RITALIN TABS 20mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| VYVANSE CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| VYVANSE CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| VYVANSE CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr<br>QL (30 patches / 30 days) | 3 | QL PA |
| *zenzedi* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 15mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 30mg<br>QL (60 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***HYPNOTICS*** | | |
| AMBIEN TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>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<br>QL (30 tabs / 30 days)<br>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<br>QL (30 tabs / 30 days) | 2 | QL |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 2 | QL |
| *doxepin hcl (sleep)* (generic of SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | 1 | QL |
| EDLUAR SUBL 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| *estazolam* TABS 1mg, 2mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *eszopiclone* (generic of LUNESTA) TABS 1mg, 2mg, 3mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| HETLIOZ CAPS 20mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| HETLIOZ LQ SUSP 4mg/ml<br>QL (158 ml / 30 days) | 4 | NDS QL NM PA |
| LUNESTA TABS 1mg, 2mg, 3mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| QUVIVIQ TABS 25mg, 50mg<br>QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ramelteon* (generic of ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days) | 1 | QL |
| RESTORIL CAPS 7.5mg, 22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | 4 | NDS QL PA |
| RESTORIL CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | 4 | NDS QL PA |
| ROZEREM TABS 8mg<br>QL (30 tabs / 30 days) | 3 | QL |
| SILENOR TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *tasimelteon* (generic of HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *temazepam* (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *temazepam* (generic of RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *triazolam* TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *triazolam* TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *zaleplon* CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *zaleplon* CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| ZOLPIDEM TARTRATE CAPS 7.5mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *zolpidem tartrate* SUBL 1.75mg, 3.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| *zolpidem tartrate* (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *zolpidem tartrate* (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg<br>QL (30 tabs / 30 days)<br>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<br>QL (1 pen / 30 days) | 2 | QL NM PA |
| AJOVY SOAJ 225mg/1.5ml<br>QL (3 pens / 90 days) | 3 | QL NM PA |
| AJOVY SOSY 225mg/1.5ml<br>QL (3 syringes / 90 days) | 3 | QL NM PA |
| *almotriptan malate* TABS 6.25mg, 12.5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| BREKIYA SOAJ 1mg/ml<br>QL (24 pens / 28 days) | 4 | NDS QL NM PA |
| CAFERGOT TAB 1-100MG<br>QL (40 tabs / 28 days) | 4 | NDS QL PA |
| CAMBIA PACK 50mg<br>QL (9 packets / 30 days) | 4 | NDS QL PA |
| *diclofenac potassium (migraine)* (generic of CAMBIA) PACK 50mg<br>QL (9 packets / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dihydroergotamine mesylate* SOLN 1mg/ml | 4 | NDS |
| *dihydroergotamine mesylate* SOLN 4mg/ml | 4 | NDS QL PA |
| QL (8 mL / 30 days) | | |
| *eletriptan hydrobromide* (generic of RELPAX) TABS 20mg, 40mg | 1 | QL ST |
| QL (12 tabs / 30 days) | | |
| ELYXYB SOLN 120mg/4.8ml | 4 | NDS QL PA |
| QL (28.8 mL / 21 days) | | |
| EMGALITY SOAJ 120mg/ml | 2 | QL NM PA |
| QL (2 pens / 30 days) | | |
| EMGALITY SOSY 100mg/ml | 2 | QL NM PA |
| QL (3 syringes / 30 days) | | |
| EMGALITY SOSY 120mg/ml | 2 | QL NM PA |
| QL (2 syringes / 30 days) | | |
| ERGOMAR SUBL 2mg | 4 | NDS QL PA |
| QL (20 tabs / 28 days) | | |
| *ergotamine w/ caffeine tab 1-100 mg* | 1 | QL PA |
| QL (40 tabs / 28 days) | | |
| *frovatriptan succinate* TABS 2.5mg | 1 | QL ST |
| QL (18 tabs / 30 days) | | |
| IMITREX TABS 25mg, 50mg, 100mg | 3 | QL |
| QL (12 tabs / 30 days) | | |
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml | 4 | NDS QL |
| QL (18 injections / 30 days) | | |
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml | 4 | NDS QL |
| QL (12 injections / 30 days) | | |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml | 4 | NDS QL |
| QL (18 injections / 30 days) | | |
| IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml | 4 | NDS QL |
| QL (12 injections / 30 days) | | |
| MAXALT TABS 10mg | 3 | QL |
| QL (18 tabs / 30 days) | | |
| MAXALT-MLT TBDP 10mg | 3 | QL |
| QL (18 tabs / 30 days) | | |
| MIGERGOT | 4 | NDS QL PA |
| QL (20 suppositories / 28 days) | | |
| *naratriptan hcl* TABS 1mg, 2.5mg | 1 | QL |
| QL (12 tabs / 30 days) | | |
| NURTEC TBDP 75mg | 2 | QL PA |
| QL (16 tabs / 30 days) | | |
| ONZETRA XSAIL EXHP 11mg/nosepc | 4 | NDS QL ST |
| QL (16 nosepieces / 30 days) | | |
| QULIPTA TABS 10mg, 30mg, 60mg | 2 | QL PA |
| QL (30 tabs / 30 days) | | |
| RELPAX TABS 20mg | 3 | QL ST |
| QL (12 tabs / 30 days) | | |
| RELPAX TABS 40mg | 4 | NDS QL ST |
| QL (12 tabs / 30 days) | | |
| REYVOW TABS 50mg | 3 | QL PA |
| QL (4 tabs / 30 days) | | |
| REYVOW TABS 100mg | 3 | QL PA |
| QL (8 tabs / 30 days) | | |
| *rizatriptan benzoate* TABS 5mg; TBDP 5mg | 1 | QL |
| QL (18 tabs / 30 days) | | |
| *rizatriptan benzoate* (generic of MAXALT) TABS 10mg | 1 | QL |
| QL (18 tabs / 30 days) | | |
| *rizatriptan benzoate* (generic of MAXALT-MLT) TBDP 10mg | 1 | QL |
| QL (18 tabs / 30 days) | | |
| *sumatriptan* SOLN 5mg/act | 1 | QL |
| QL (24 units / 30 days) | | |
| *sumatriptan* SOLN 20mg/act | 1 | QL |
| QL (12 units / 30 days) | | |
| *sumatriptan succinate* (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml | 1 | QL |
| QL (12 injections / 30 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan succinate* SOLN 6mg/0.5ml<br>QL (12 injections / 30 days) | 1 | QL |
| *sumatriptan succinate* (generic of IMITREX) TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days) | 1 | QL |
| *sumatriptan-naproxen sodium tab 85-500 mg* (generic of TREXIMET)<br>QL (9 tabs / 30 days) | 1 | QL ST |
| SYMBRAVO TAB 20-10MG<br>QL (9 tabs / 30 days) | 3 | QL ST |
| TOSYMRA SOLN 10mg/act<br>QL (18 units / 30 days) | 3 | QL ST |
| TREXIMET TAB 85-500MG<br>QL (9 tabs / 30 days) | 4 | NDS QL ST |
| TRUDHESA AERS .725mg/act<br>QL (12 mL / 28 days) | 4 | NDS QL PA |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days) | 2 | QL PA |
| VYEPTI SOLN 100mg/ml | 4 | NDS NM PA |
| ZAVZPRET SOLN 10mg/act<br>QL (6 nasal units / 21 days) | 4 | NDS QL PA |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days) | 4 | NDS QL ST |
| *zolmitriptan* SOLN 2.5mg<br>QL (12 units / 30 days) | 1 | QL ST |
| *zolmitriptan* (generic of ZOMIG) SOLN 5mg<br>QL (12 units / 30 days) | 1 | QL ST |
| *zolmitriptan* TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| ZOMIG SOLN 2.5mg, 5mg<br>QL (12 units / 30 days) | 3 | QL ST |
| *zomig* TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| ***MISCELLANEOUS*** | | |
| AMVUTTRA SOSY 25mg/0.5ml<br>QL (1 syringe / 90 days) | 4 | NDS QL NM PA |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| DAYBUE SOLN 200mg/ml<br>QL (3600 mL / 30 days) | 4 | NDS QL NM PA |
| DAYBUE STIX PACK 5000mg, 6000mg<br>QL (120 packets / 30 days) | 4 | NDS QL NM PA |
| DAYBUE STIX PACK 8000mg<br>QL (60 packets / 30 days) | 4 | NDS QL NM PA |
| *dextromethorphan hbr-quinidine sulfate cap 20-10 mg* (generic of NUEDEXTA)<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| DUVYZAT SUSP 8.86mg/ml<br>QL (420 mL / 30 days) | 4 | NDS QL NM PA |
| *edaravone* SOLN 30mg/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<br>QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| *gabapentin (once-daily)* (generic of GRALISE) TABS 300mg<br>QL (180 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *gabapentin (once-daily)* (generic of GRALISE) TABS 450mg, 600mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *gabapentin (once-daily)* (generic of GRALISE) TABS 750mg, 900mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| GRALISE TABS 300mg<br>QL (180 tabs / 30 days) | 3 | QL PA |
| GRALISE TABS 450mg, 600mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| GRALISE TABS 750mg, 900mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| HORIZANT TBCR 300mg, 600mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| *lithium* SOLN 8meq/5ml | 1 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| *lithium carbonate* (generic of LITHOBID) TBCR 300mg | 1 | |
| LITHOBID TBCR 300mg | 4 | NDS |
| LYRICA CR TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| LYRICA CR TB24 330mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| MESTINON SOLN 60mg/5ml; TABS 60mg | 4 | NDS |
| MESTINON TIMESPAN TBCR 180mg | 4 | NDS |
| *milnacipran hcl* (generic of SAVELLA) TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak*<br>QL (2 packs / year) | 1 | QL PA |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| *paroxetine mesylate (vasomotor)* CAPS 7.5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *pregabalin (once-daily)* (generic of LYRICA CR) TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *pregabalin (once-daily)* (generic of LYRICA CR) TB24 330mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *pyridostigmine bromide* (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg | 1 | |
| *pyridostigmine bromide* TABS 30mg | 1 | |
| *pyridostigmine bromide* (generic of MESTINON TIMESPAN) TBCR 180mg | 1 | |
| RADICAVA ORS SUSP 105mg/5ml<br>QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml<br>QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| *riluzole* TABS 50mg | 1 | |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| SAVELLA MIS TITR PAK<br>QL (2 packs / year) | 3 | QL PA |
| SKYCLARYS CAPS 50mg<br>QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| *tetrabenazine* (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *tetrabenazine* (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TIGLUTIK SUSP 50mg/10ml<br>QL (600 mL / 30 days) | 4 | NDS QL NM PA |
| TONMYA SUBL 2.8mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| UPLIZNA SOLN 100mg/10ml | 4 | NDS NM PA |
| WAINUA SOAJ 45mg/0.8ml<br>QL (1 pen / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| WAINUA SOSY 45mg/0.8ml QL (1 syringe / 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 | 4 | NDS NM PA |
| *cladribine (4 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (5 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (6 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (7 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (28 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (8 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (32 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (9 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (10 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (40 tabs per lifetime) | 4 | NDS QL NM PA |
| COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| *dalfampridine* (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| *dimethyl fumarate* (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days) | 4 | NDS QL NM PA |
| *dimethyl fumarate* (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* (generic of TECFIDERA STARTER PACK) QL (2 packs / year) | 4 | NDS QL NM PA |
| *fingolimod hcl* (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *glatiramer acetate* (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| *glatiramer acetate* (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days) | 4 | NDS QL NM PA |
| LEMTRADA SOLN 12mg/1.2ml | 4 | NDS NM PA |
| MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| MAVENCLAD (6 TABS) TBPK 10mg<br>QL (24 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (7 TABS) TBPK 10mg<br>QL (28 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (8 TABS) TBPK 10mg<br>QL (32 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (9 TABS) TBPK 10mg<br>QL (36 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (10 TABS) TBPK 10mg<br>QL (40 tabs per lifetime) | 4 | NDS QL NM PA |
| MAYZENT TABS 1mg, 2mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| MAYZENT TABS .25mg<br>QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (7) TBPK .25mg<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (12) TBPK .25mg<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| OCREVUS SOLN 300mg/10ml | 4 | NDS NM PA |
| OCREVUS INJ ZUNOVO<br>QL (23 mL / 180 days) | 4 | NDS QL NM PA |
| PLEGRIDY SOAJ 125mcg/0.5ml<br>QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| PLEGRIDY SOSY 125mcg/0.5ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| PLEGRIDY INJ STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| PLEGRIDY PEN INJ STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| PONVORY TABS 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PONVORY TAB STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml<br>QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| REBIF REBIDO INJ TITRATN<br>QL (12 injections / 28 days) | 4 | NDS QL NM PA |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml<br>QL (12 injections / 28 days) | 4 | NDS QL NM PA |
| REBIF TITRTN INJ PACK<br>QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| TASCENSO ODT TBDP .25mg, .5mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TECFIDERA CPDR 120mg<br>QL (14 caps / 7 days) | 4 | NDS QL NM PA |
| TECFIDERA CPDR 240mg<br>QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| TECFIDERA CAP STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| *teriflunomide* (generic of AUBAGIO) TABS 7mg, 14mg<br>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<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA 7DAY CAP STR PACK<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| ZEPOSIA CAP STR KIT<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| ATMEKSI SUSP 750mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| *baclofen* SOLN 5mg/5ml | 1 | PA |
| *baclofen* (generic of OZOBAX DS) SOLN 10mg/5ml | 1 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *baclofen* (generic of FLEQSUVY) SUSP 25mg/5ml | 4 | NDS PA |
| *baclofen* TABS 5mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *baclofen* TABS 10mg, 15mg, 20mg | 1 | |
| BOTOX SOLR 100unit, 200unit | 4 | NDS PA |
| *carisoprodol* (generic of SOMA) TABS 250mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| *carisoprodol* (generic of SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *cyclobenzaprine hcl* TABS 5mg, 7.5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| DANTRIUM CAPS 25mg | 3 | |
| *dantrolene sodium* (generic of DANTRIUM) CAPS 25mg | 1 | |
| *dantrolene sodium* CAPS 50mg, 100mg | 1 | |
| DAXXIFY SOLR 100unit | 3 | NM PA |
| DYSPORT SOLR 300unit | 3 | NM PA |
| DYSPORT SOLR 500unit | 4 | NDS NM PA |
| *fexmid* TABS 7.5mg<br>QL (90 tabs / 30 days)<br>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 |
| *metaxalone* TABS 400mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| METAXALONE TABS 640mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| *metaxalone* TABS 800mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| *methocarbamol* TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *methocarbamol* TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *methocarbamol* TABS 1000mg<br>QL (120 tabs / 30 days)<br>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<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| SOMA TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| *tanlor* TABS 1000mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tizanidine hcl* (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1 | |
| *tizanidine hcl* CAPS 8mg | 4 | NDS |
| *tizanidine hcl* TABS 2mg | 1 | |
| XEOMIN SOLR 50unit | 3 | NM PA |
| XEOMIN SOLR 100unit, 200unit | 4 | NDS NM PA |
| ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg | 3 | |
| ZANAFLEX CAPS 8mg | 4 | NDS |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days) | 1 | QL PA |
| *armodafinil* (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 |
| *modafinil* (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days) | 1 | QL PA |
| *modafinil* (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 |
| *sodium oxybate* (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days) | 3 | QL PA |
| WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XYREM SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| XYWAV SOL 0.5GM/ML QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | 1 | |
| 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 |
| *buprenorphine hcl* SUBL 2mg QL (180 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl* SUBL 8mg QL (120 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* (generic of SUBOXONE) QL (180 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* (generic of SUBOXONE) QL (120 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* (generic of SUBOXONE) QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* QL (180 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* QL (120 tabs / 30 days) | 1 | QL |
| *bupropion hcl (smoking deterrent)* TB12 150mg QL (60 tabs / 30 days) | 1 | QL |
| CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days) | 3 | QL |
| CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days) | 3 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CHANTIX TAB 0.5& 1MG<br>QL (2 packs / year) | 3 | QL |
| *disulfiram* TABS 250mg, 500mg | 1 | |
| KLOXXADO LIQD 8mg/0.1ml | 2 | |
| *lofexidine hcl* (generic of LUCEMYRA) TABS .18mg<br>QL (228 tabs / 14 days) | 4 | NDS QL PA |
| *naloxone hcl* SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 1 | |
| *naltrexone hcl* TABS 50mg | 1 | |
| NICOTROL NS SOLN 10mg/ml | 3 | |
| OPVEE SOLN 2.7mg/0.1ml | 3 | |
| REXTOVY LIQD 4mg/0.25ml | 3 | |
| REZENOPY LIQD 10mg/0.11ml | 3 | |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | NDS NM |
| SUBOXONE MIS 2-0.5MG<br>QL (180 films / 30 days) | 3 | QL |
| SUBOXONE MIS 4-1MG<br>QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 8-2MG<br>QL (120 films / 30 days) | 3 | QL |
| SUBOXONE MIS 12-3MG<br>QL (90 films / 30 days) | 3 | QL |
| *varenicline tartrate* (generic of CHANTIX) TABS .5mg, 1mg<br>QL (56 tabs / 28 days) | 1 | QL |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack*<br>QL (2 packs / year) | 1 | QL |
| VIVITROL SUSR 380mg | 4 | NDS NM |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days) | 3 | QL |
| ZURNAI SOAJ 1.5mg/0.5ml | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| **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<br>QL (120 caps / 30 days) | 3 | QL PA |
| JATENZO CAPS 237mg<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| KYZATREX CAPS 150mg, 200mg<br>QL (120 caps / 30 days) | 3 | QL PA |
| TESTIM GEL 1%<br>QL (300 gm / 30 days) | 3 | QL PA |
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days) | 1 | QL PA |
| *testosterone* GEL 20.25mg/1.25gm, 40.5mg/2.5gm<br>QL (150 gm / 30 days) | 1 | QL PA |
| *testosterone* SOLN 30mg/act<br>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%<br>QL (150 gm / 30 days) | 1 | QL PA |
| TLANDO CAPS 112.5mg<br>QL (120 caps / 30 days) | 3 | QL PA |
| VOGELXO GEL 50mg/5gm<br>QL (300 gm / 30 days) | 3 | QL PA |
| VOGELXO PUMP GEL 1%<br>QL (300 gm / 30 days) | 3 | QL PA |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml | 3 | PA |
| ***ANTIDIABETICS*** | | |
| *acarbose* TABS 25mg, 50mg, 100mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| ACTOPLUS MET TAB 15-850MG<br>QL (90 tabs / 30 days) | 3 | QL |
| ACTOS TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *alogliptin benzoate* TABS 6.25mg, 12.5mg, 25mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *alogliptin-metformin hcl tab 12.5-500 mg*<br>QL (60 tabs / 30 days) | 3 | QL ST |
| *alogliptin-metformin hcl tab 12.5-1000 mg*<br>QL (60 tabs / 30 days) | 3 | QL ST |
| *alogliptin-pioglitazone tab 12.5-30 mg*<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *alogliptin-pioglitazone tab 25-15 mg*<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *alogliptin-pioglitazone tab 25-30 mg*<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *alogliptin-pioglitazone tab 25-45 mg*<br>QL (30 tabs / 30 days) | 3 | QL ST |
| BRYNOVIN SOLN 25mg/ml<br>QL (120 mL / 30 days) | 3 | QL ST |
| *dapagliflozin* (generic of FARXIGA) TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* (generic of XIGDUO XR)<br>QL (60 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* (generic of XIGDUO XR)<br>QL (60 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* (generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* (generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | 1 | QL |
| *dapagliflozin-saxagliptin tab 10-5 mg*<br>QL (30 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-2MG<br>QL (30 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-4MG<br>QL (30 tabs / 30 days) | 3 | QL |
| *exenatide* SOPN 5mcg/0.02ml, 10mcg/0.04ml<br>QL (1 pen / 30 days) | 1 | QL PA |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 2 | QL |
| *glimepiride* TABS 1mg, 2mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *glimepiride* TABS 3mg, 4mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 2.5mg<br>QL (480 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 5mg<br>QL (240 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 10mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 15mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 2.5mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *glipizide* (generic of GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-250 mg*<br>QL (240 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-500 mg*<br>QL (120 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 5-500 mg*<br>QL (120 tabs / 30 days) | 1 | QL |
| GLUCOTROL XL TB24 5mg<br>QL (90 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 2 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 2 | QL |
| INVOKAMET TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 150-500 QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 150-1000 QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL |
| INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days) | 3 | QL |
| INVOKANA TABS 100mg QL (60 tabs / 30 days) | 3 | QL |
| INVOKANA TABS 300mg QL (30 tabs / 30 days) | 3 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 2 | QL |
| JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 2 | QL |
| JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days) | 2 | QL |
| *liraglutide* (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days) | 1 | QL PA |
| *metformin hcl* (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days) | 1 | QL ST |
| *metformin hcl* TABS 500mg QL (150 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 625mg QL (120 tabs / 30 days) | 4 | NDS QL ST |
| *metformin hcl* TABS 750mg QL (90 tabs / 30 days) | 4 | NDS QL ST |
| *metformin hcl* TABS 850mg QL (90 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 1000mg QL (75 tabs / 30 days) | 1 | QL |
| *metformin hcl* TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| *metformin hcl* TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA |
| *metformin hcl* TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA |
| *metformin hcl* TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| *metformin hcl* TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA |
| *metformin hcl* TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA |
| *miglitol* TABS 25mg, 50mg, 100mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 2 | QL PA |
| QL (4 pens / 28 days) | | |
| *nateglinide* TABS 60mg, 120mg | 1 | QL |
| QL (90 tabs / 30 days) | | |
| OZEMPIC TABS 1.5mg, 4mg, 9mg | 2 | QL PA |
| QL (30 tabs / 30 days) | | |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 2 | QL PA |
| QL (1 pen / 28 days) | | |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 2 | QL PA |
| QL (1 pen / 28 days) | | |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 2 | QL PA |
| QL (1 pen / 28 days) | | |
| *pioglitazone hcl* (generic of ACTOS) TABS 15mg, 30mg, 45mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* (generic of DUETACT) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* (generic of DUETACT) | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | QL |
| QL (90 tabs / 30 days) | | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* (generic of ACTOPLUS MET) | 1 | QL |
| QL (90 tabs / 30 days) | | |
| *repaglinide* TABS 2mg | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *repaglinide* TABS .5mg, 1mg | 1 | QL |
| QL (120 tabs / 30 days) | | |
| RYBELSUS TABS 3mg, 7mg, 14mg | 2 | QL PA |
| QL (30 tabs / 30 days) | | |
| *saxagliptin hcl* TABS 2.5mg, 5mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg* | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *saxagliptin-metformin hcl tab er 24hr 5-500 mg* | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *saxagliptin-metformin hcl tab er 24hr 5-1000 mg* | 1 | QL |
| QL (30 tabs / 30 days) | | |
| SEGLUROMET TAB 2.5-500 | 3 | QL |
| QL (120 tabs / 30 days) | | |
| SEGLUROMET TAB 2.5-1000 | 3 | QL |
| QL (60 tabs / 30 days) | | |
| SEGLUROMET TAB 7.5-500 | 3 | QL |
| QL (60 tabs / 30 days) | | |
| SEGLUROMET TAB 7.5-1000 | 3 | QL |
| QL (60 tabs / 30 days) | | |
| *sitagliptin* TABS 25mg, 50mg, 100mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *sitagliptin free base-metformin hcl tab 50-500 mg* | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *sitagliptin free base-metformin hcl tab 50-1000 mg* | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *sitagliptin free base-metformin hcl tab er 24hr 50-500 mg* | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg* | 1 | QL |
| QL (60 tabs / 30 days) | | |
| *sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg* | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *sitagliptin phosphate* (generic of JANUVIA) TABS 25mg, 50mg, 100mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* (generic of JANUMET) | 1 | QL |
| QL (60 tabs / 30 days) | | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| APIDRA SOLOSTAR SOPN 100unit/ml | 3 | |
| AWIQLI FLEXTOUCH SOPN 700unit/ml | 3 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |
| CEQUR EXT WR MIS INSERTER QL (2 inserters / year) | 3 | QL PA |
| CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days) | 3 | QL PA |
| CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days) | 3 | QL PA |
| 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 | |
| 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ 70/30 FP | 2 | |
| NOVOLIN INJ 70/30 FP RELION | 3 | |
| 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 |
| OMNIPOD5 LIB KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| 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 DASH KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| 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 | |
| *alendronate sodium* SOLN 70mg/75ml | 1 | ST |
| *alendronate sodium* TABS 10mg, 35mg | 1 | |
| *alendronate sodium* (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 |
| *calcitonin (salmon) inj* (generic of MIACALCIN) SOLN 200unit/ml | 4 | NDS B/D |
| *calcitonin (salmon) spray* SOLN 200unit/act | 1 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EVENITY SOSY 105mg/1.17ml | 4 | NDS NM PA |
| 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 |
| *ibandronate sodium* SOLN 3mg/3ml QL (1 injection / 90 days) | 1 | B/D QL |
| *ibandronate sodium* 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 |
| *pamidronate disodium* 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 |
| *risedronate sodium* TABS 5mg, 30mg | 1 | |
| *risedronate sodium* (generic of ACTONEL) TABS 35mg, 150mg | 1 | |
| *risedronate sodium* (generic of ATELVIA) TBEC 35mg | 1 | ST |
| TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product) | 4 | NDS QL NM PA |
| *teriparatide* (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 |
| YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml | 4 | NDS NM PA |
| *zoledronic acid* CONC 4mg/5ml | 1 | B/D NM |
| ZOLEDRONIC ACID SOLN 4mg/100ml | 3 | B/D NM |
| *zoledronic acid* (generic of RECLAST) SOLN 5mg/100ml | 1 | B/D NM |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | 4 | NDS |
| CUVRIOR TABS 300mg | 4 | NDS NM PA |
| *deferasirox* (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| *deferasirox* (generic of JADENU) TABS 90mg | 1 | NM PA |
| *deferasirox* (generic of JADENU) TABS 180mg, 360mg | 3 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 125mg | 1 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 250mg, 500mg | 4 | NDS NM PA |
| *deferiprone* TABS 500mg | 4 | NDS NM PA |
| *deferiprone* (generic of FERRIPROX) TABS 1000mg | 4 | NDS NM PA |
| *deferoxamine mesylate* SOLR 2gm | 1 | NM PA |
| *deferoxamine mesylate* (generic of DESFERAL) SOLR 500mg | 1 | NM PA |
| DEPEN TITRATABS TABS 250mg | 4 | NDS NM |
| DESFERAL SOLR 500mg | 3 | NM PA |
| EXJADE TBSO 125mg, 250mg, 500mg | 4 | NDS NM PA |
| FERRIPROX SOLN 100mg/ml; TABS 1000mg | 4 | NDS NM PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | NDS NM PA |
| JADENU TABS 90mg, 180mg, 360mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| *kionex* SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 2 | |
| *penicillamine* (generic of DEPEN TITRATABS) TABS 250mg | 4 | NDS NM |
| *sodium polystyrene sulfonate* SUSP 15gm/60ml | 1 | |
| *sodium polystyrene sulfonate powder* | 1 | |
| *sps* SUSP 15gm/60ml | 1 | |
| *sps rectal* SUSP 15gm/60ml | 1 | |
| SYPRINE CAPS 250mg | 4 | NDS NM PA |
| *trientine hcl* (generic of SYPRINE) CAPS 250mg | 4 | NDS NM PA |
| *trientine hcl* CAPS 500mg | 4 | NDS NM PA |
| VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm | 2 | |
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | 1 | |
| *altavera* | 1 | |
| *alyacen 1/35* | 1 | |
| *alyacen 7/7/7* | 1 | |
| *amethyst* | 1 | |
| ANNOVERA MIS | 3 | |
| *apri* | 1 | |
| *aranelle* | 1 | |
| *ashlyna* | 1 | |
| *aubra eq* | 1 | |
| *aurovela 1/20* | 1 | |
| *aurovela 24 fe* | 1 | |
| *aurovela fe 1.5/30* | 1 | |
| *aurovela fe 1/20* | 1 | |
| *aviane* | 1 | |
| *ayuna* | 1 | |
| *azurette* | 1 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| *balziva* | 1 | |
| BEYAZ TAB | 3 | |
| *blisovi 24 fe* | 1 | |
| *blisovi fe 1.5/30* | 1 | |
| *blisovi fe 1/20* | 1 | |
| *briellyn* | 1 | |
| *camila* TABS .35mg | 1 | |
| *camrese* | 1 | |
| *camrese lo* | 1 | |
| *chateal eq* | 1 | |
| *cryselle* | 1 | |
| *cyred eq* | 1 | |
| *dasetta 1/35* | 1 | |
| *dasetta 7/7/7* | 1 | |
| *daysee* | 1 | |
| *deblitane* TABS .35mg | 1 | |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 2 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 1 | |
| *dolishale* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* (generic of BEYAZ) | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* (generic of SAFYRAL) | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (generic of YAZ) | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (generic of YASMIN 28) | 1 | |
| *elinest* | 1 | |
| *eluryng* (generic of NUVARING) | 1 | |
| *emzahh* TABS .35mg | 1 | |
| *enilloring* (generic of NUVARING) | 1 | |
| *enskyce* | 1 | |
| *errin* TABS .35mg | 1 | |
| *estarylla* | 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 1 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* (generic of NUVARING) | 1 | |
| *falmina* | 1 | |
| *feirza 1.5/30* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *feirza 1/20* | 1 | |
| FEMLYV TAB 1/0.02MG | 3 | |
| *finzala* | 1 | |
| *galbriela* | 1 | |
| *gemmily* (generic of TAYTULLA) | 1 | |
| *hailey 1.5/30* | 1 | |
| *hailey 24 fe* | 1 | |
| *hailey fe 1/20* | 1 | |
| *heather* TABS .35mg | 1 | |
| *iclevia* | 1 | |
| *incassia* TABS .35mg | 1 | |
| *introvale* | 1 | |
| *isibloom* | 1 | |
| *jaimiess* | 1 | |
| *jasmiel* (generic of YAZ) | 1 | |
| *jencycla* TABS .35mg | 1 | |
| *jolessa* | 1 | |
| *joyeaux* (generic of BALCOLTRA) | 1 | |
| *juleber* | 1 | |
| *junel 1.5/30* | 1 | |
| *junel 1/20* | 1 | |
| *junel fe 1.5/30* | 1 | |
| *junel fe 1/20* | 1 | |
| *junel fe 24* | 1 | |
| *kaitlib fe* | 1 | |
| *kariva* | 1 | |
| *kelnor 1/35* | 1 | |
| *kurvelo* | 1 | |
| *larin 1.5/30* | 1 | |
| *larin 1/20* | 1 | |
| *larin 24 fe* | 1 | |
| *larin fe 1.5/30* | 1 | |
| *larin fe 1/20* | 1 | |
| *lessina* | 1 | |
| *levonest* | 1 | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 1 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)* (generic of BALCOLTRA) | 1 | |
| *levora 0.15/30-28* | 1 | |
| LILETTA IUD 20.1mcg/day | 2 | NM |
| LO LOESTRIN TAB 1-10-10 | 3 | |
| *loestrin 1.5/30-21* | 1 | |
| *loestrin 1/20-21* | 1 | |
| *loestrin fe 1.5/30* | 1 | |
| *loestrin fe 1/20* | 1 | |
| *lojaimiess* | 1 | |
| *loryna* (generic of YAZ) | 1 | |
| *low-ogestrel* | 1 | |
| *luizza 1.5/30* | 1 | |
| *luizza 1/20* | 1 | |
| *lutera* | 1 | |
| *lyleq* TABS .35mg | 1 | |
| *lyza* TABS .35mg | 1 | |
| *marlissa* | 1 | |
| *medroxyprogesterone acetate (contraceptive)* (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| *meleya* TABS .35mg | 1 | |
| *mibelas 24 fe* | 1 | |
| *microgestin 1.5/30* | 1 | |
| *microgestin 1/20* | 1 | |
| *microgestin fe 1.5/30* | 1 | |
| *microgestin fe 1/20* | 1 | |
| *mili* | 1 | |
| *minzoya* (generic of BALCOLTRA) | 1 | |
| *mono-linyah* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| NATAZIA TAB | 3 | |
| *necon 0.5/35-28* | 1 | |
| NEXPLANON IMPL 68mg | 2 | NM |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |
| *nikki* (generic of YAZ) | 1 | |
| *nora-be* TABS .35mg | 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 1 | |
| *norethindrone (contraceptive)* TABS .35mg | 1 | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 1 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (generic of TAYTULLA) | 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 1 | |
| *norlyroc* TABS .35mg | 1 | |
| *nortrel 0.5/35 (28)* | 1 | |
| *nortrel 1/35 (21)* | 1 | |
| *nortrel 1/35 (28)* | 1 | |
| *nortrel 7/7/7* | 1 | |
| NUVARING MIS | 3 | |
| *nylia 1/35* | 1 | |
| *nylia 7/7/7* | 1 | |
| *orquidea* TABS .35mg | 1 | |
| PHEXX GEL | 3 | |
| PHEXXI GEL | 3 | |
| *philith* | 1 | |
| *pimtrea* | 1 | |
| *portia-28* | 1 | |
| *reclipsen* | 1 | |
| *rivelsa* | 1 | |
| *rosyrah* | 1 | |
| SAFYRAL TAB | 3 | |
| *setlakin* | 1 | |
| *sharobel* TABS .35mg | 1 | |
| *simliya* | 1 | |
| *simpesse* | 1 | |
| SLYND TABS 4mg | 3 | |
| *sprintec 28* | 1 | |
| *sronyx* | 1 | |
| *syeda* (generic of YASMIN 28) | 1 | |
| *tarina 24 fe* | 1 | |
| *tarina fe 1/20 eq* | 1 | |
| TAYTULLA CAP 1MG/20MC | 3 | |
| *tilia fe* | 1 | |
| *tri-estarylla* | 1 | |
| *tri-legest fe* | 1 | |
| *tri-linyah* | 1 | |
| *tri-lo-estarylla* | 1 | |
| *tri-lo-marzia* | 1 | |
| *tri-lo-mili* | 1 | |
| *tri-lo-sprintec* | 1 | |
| *tri-mili* | 1 | |
| *tri-sprintec* | 1 | |
| *tri-vylibra* | 1 | |
| *tri-vylibra lo* | 1 | |
| *turqoz* | 1 | |
| TWIRLA DIS 120-30 | 3 | |
| TYBLUME CHW 0.1-0.02 | 3 | |
| *tydemy* (generic of SAFYRAL) | 1 | |
| *valtya 1/35* | 1 | |
| *valtya 1/50* | 1 | |
| *velivet* | 1 | |
| *vestura* (generic of YAZ) | 1 | |
| *vienva* | 1 | |
| *viorele* | 1 | |
| *vyfemla* | 1 | |
| *vylibra* | 1 | |
| *wera* | 1 | |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg | 1 | B/D |
| *prednisone* SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| *prednisone* TBEC 1mg, 2mg | 4 | NDS B/D |
| *prednisone* TBPK 5mg, 10mg | 1 | |
| PREDNISONE 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 |
| *taperdex 6-day* TBPK 1.5mg | 1 | |
| *taperdex 7-day* TBPK 1.5mg | 1 | |
| *taperdex 12-day* TBPK 1.5mg | 1 | |
| *triamcinolone acetonide* (generic of KENALOG-10) SUSP 10mg/ml | 1 | B/D |
| *triamcinolone acetonide* (generic of KENALOG-40) SUSP 40mg/ml | 1 | B/D |
| ZILRETTA SRER 32mg | 3 | B/D NM |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| BAQSIMI ONE PACK POWD 3mg/dose | 3 | |
| BAQSIMI TWO PACK POWD 3mg/dose | 3 | |
| *diazoxide* (generic of PROGLYCEM) SUSP 50mg/ml | 4 | NDS |
| *glucagon* SOLR 1mg | 1 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 4 | NDS |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 2 | |
| ***MISCELLANEOUS*** | | |
| ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day) | 4 | NDS QL NM PA |
| ACTHAR GEL PEN 40unit/0.5ml 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 |
| AVLAYAH SOLR 150mg | 4 | NDS NM PA |
| *betaine powder for oral solution* (generic of CYSTADANE) | 4 | NDS NM |
| BUPHENYL POWD 3gm/tsp; TABS 500mg | 4 | NDS NM PA |
| BYNFEZIA PEN SOPN 2500mcg/ml | 4 | NDS PA |
| *cabergoline* TABS .5mg | 1 | |
| CARBAGLU TBSO 200mg | 4 | NDS NM PA |
| *carglumic acid* (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 |
| *cinacalcet hcl* (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM |
| *cinacalcet hcl* (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 |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| 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 | |
| DESMODA SOLN .05mg/ml | 4 | NDS PA |
| *desmopressin acetate* (generic of DDAVP) SOLN 4mcg/ml | 4 | NDS |
| *desmopressin acetate* (generic of DDAVP) TABS .1mg, .2mg | 1 | |
| *desmopressin acetate spray* SOLN .01% | 1 | |
| *desmopressin acetate spray refrigerated* 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 |
| *glycerol phenylbutyrate* (generic of RAVICTI) LIQD 1.1gm/ml | 4 | NDS NM PA |
| INCRELEX SOLN 40mg/4ml | 4 | NDS NM PA |
| ISTURISA TABS 1mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ISTURISA TABS 5mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| *javygtor* (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 |
| *lanreotide acetate* SOLN 120mg/0.5ml | 4 | NDS NM PA |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml | 4 | NDS NM PA |
| *levocarnitine (metabolic modifiers)* (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 | B/D |
| LOARGYS SOLN 2mg/0.4ml | 4 | NDS NM PA |
| 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 |
| *methergine* TABS .2mg | 4 | NDS PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *methylergonovine maleate* TABS .2mg | 4 | NDS PA |
| *mifepristone (hyperglycemia)* (generic of KORLYM) TABS 300mg | 4 | NDS NM PA |
| *miglustat* (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MYALEPT SOLR 11.3mg | 4 | NDS NM PA |
| MYCAPSSA CPDR 20mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| MYFEMBREE TAB | 4 | NDS PA |
| NAGLAZYME SOLN 1mg/ml | 4 | NDS NM PA |
| NEXVIAZYME SOLR 100mg | 4 | NDS NM PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml | 4 | NDS NM PA |
| *nitisinone* (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | 4 | NDS NM PA |
| NITYR TABS 2mg, 5mg, 10mg | 4 | NDS NM PA |
| NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 4 | NDS NM PA |
| NOVAREL SOLR 5000unit | 3 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg | 4 | NDS NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1 | NM PA |
| *octreotide acetate* SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 500mcg/ml | 4 | NDS NM PA |
| *octreotide acetate* SOLN 1000mcg/ml; SOSY 500mcg/ml | 4 | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm | 4 | NDS NM PA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 4 | NDS NM PA |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days) | 3 | QL NM PA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 4 | NDS NM PA |
| ORIAHNN CAP | 4 | NDS PA |
| ORILISSA TABS 150mg, 200mg | 4 | NDS PA |
| OSPHENA TABS 60mg | 3 | PA |
| 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 |
| *raloxifene hcl* (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 |
| REVCOVI 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 |
| *sapropterin dihydrochloride* (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| SEPHIENCE PACK 250mg, 1000mg | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *sodium phenylbutyrate* POWD 3gm/tsp | 4 | NDS NM PA |
| *sodium phenylbutyrate* (generic of BUPHENYL) 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 |
| *tolvaptan* (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE) | 4 | NDS NM PA |
| *tolvaptan* (generic of JYNARQUE) TBPK 15mg | 4 | NDS NM PA |
| *tolvaptan (hyponatremia)* (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA) | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 30 & 15 mg* (generic of JYNARQUE) | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 45 & 15 mg* (generic of JYNARQUE) | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 60 & 30 mg* (generic of JYNARQUE) | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 90 & 30 mg* (generic of JYNARQUE) | 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 |
| 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 |
| *yargesa* (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg | 4 | NDS NM PA |
| ZAVESCA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| *zelvysia* (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 |
| *gallifrey* TABS 5mg | 1 | |
| *medroxyprogesterone acetate* (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | 1 | |
| *megestrol acetate* SUSP 40mg/ml | 2 | |
| *megestrol acetate (appetite)* SUSP 625mg/5ml | 3 | PA |
| *norethindrone acetate* TABS 5mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *progesterone* (generic of PROMETRIUM) CAPS 100mg, 200mg | 1 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | |
| ***THYROID AGENTS*** | | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | |
| *levothyroxine sodium* CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | ST |
| *levothyroxine sodium* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levoxyl* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| *liomny* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |
| *liothyronine sodium* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |
| *methimazole* TABS 5mg, 10mg | 1 | |
| *propylthiouracil* TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| THYQUIDITY SOLN 100mcg/5ml | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | ST |
| 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 | |
| *unithroid* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | 1 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | 1 | B/D |
| *doxercalciferol* CAPS .5mcg, 1mcg, 2.5mcg | 1 | B/D |
| *paricalcitol* (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 1 | B/D |
| *paricalcitol* CAPS 4mcg | 1 | B/D |
| RAYALDEE CPCR 30mcg | 4 | NDS |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 3 | B/D |
| ZEMPLAR CAPS 1mcg, 2mcg | 3 | B/D |
| **GASTROINTESTINAL** | | |
| ***ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | B/D |
| AKYNZEO INJ 235-0.25MG/20ML | 3 | NM |
| APONVIE EMUL 32mg/4.4ml | 3 | |
| *aprepitant* CAPS 40mg, 125mg | 1 | B/D |
| *aprepitant* (generic of EMEND BIPACK) CAPS 80mg | 1 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | B/D |
| BONJESTA TAB 20-20MG | 3 | |
| CINVANTI EMUL 130mg/18ml | 3 | |
| *compro* SUPP 25mg | 1 | |
| DICLEGIS TAB 10-10MG | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIMENHYDRINATE SOLN 50mg/ml | 3 | |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* (generic of DICLEGIS) | 3 | |
| *dronabinol* (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days) | 1 | B/D QL |
| *dronabinol* 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 | |
| *fosaprepitant dimeglumine* (generic of EMEND) SOLR 150mg | 1 | |
| GIMOTI SOLN 15mg/act | 4 | NDS PA |
| *granisetron hcl* SOLN 1mg/ml, 4mg/4ml | 1 | |
| *granisetron hcl* TABS 1mg | 1 | B/D |
| GRANISOL SOLN 2mg/10ml | 4 | NDS B/D |
| MARINOL CAPS 2.5mg QL (60 caps / 30 days) | 3 | B/D QL |
| *meclizine hcl* CHEW 25mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| *meclizine hcl* TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | PA |
| *meclizine hcl* 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 |
| *metoclopramide hcl* SOLN 5mg/5ml, 5mg/ml | 1 | |
| *metoclopramide hcl* (generic of REGLAN) TABS 5mg, 10mg | 1 | |
| NAVITRUX SOLR 150mg | 3 | |
| NEREUS CAPS 85mg QL (16 caps / 30 days) | 4 | NDS QL |
| *ondansetron* TBDP 4mg, 8mg | 1 | B/D |
| *ondansetron* TBDP 16mg | 4 | NDS B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| *ondansetron hcl* SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| *palonosetron hcl* SOLN .25mg/5ml; SOSY .25mg/5ml | 1 | |
| 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 | |
| *prochlorperazine* SUPP 25mg | 1 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | 1 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | 1 | |
| *promethazine hcl* 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 |
| *promethazine hcl* (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 |
| *promethazine hcl* SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| *promethegan* 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 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| SANCUSO PTCH 3.1mg/24hr<br>QL (4 patches / 28 days) | 4 | NDS QL |
| *scopolamine* (generic of TRANSDERM SCOP) PT72 1mg/3days<br>QL (10 patches / 30 days) | 3 | QL |
| TRANSDERM SCOP PT72 1mg/3days<br>QL (10 patches / 30 days) | 3 | QL |
| *trimethobenzamide hcl* CAPS 300mg | 1 | |
| VARUBI TBPK 90mg | 3 | B/D NM |
| ***ANTISPASMODICS*** | | |
| *atropine sulfate* (generic of ATROPINE SULFATE) SOSY 1mg/10ml | 3 | |
| ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |
| *dicyclomine hcl* CAPS 10mg; TABS 20mg<br>PA applies if 65 years and older | 2 | PA |
| *dicyclomine hcl* SOLN 10mg/5ml<br>PA applies if 65 years and older | 3 | PA |
| *dicyclomine hcl* (generic of BENTYL) SOLN 10mg/ml<br>PA applies if 65 years and older | 3 | PA |
| *dicyclomine hcl* TABS 40mg<br>PA applies if 65 years and older | 4 | NDS PA |
| GLYCATE TABS 1.5mg<br>QL (90 tabs / 30 days) | 4 | NDS QL ST |
| *glycopyrrolate* SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml | 1 | |
| *glycopyrrolate* (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml | 1 | |
| GLYCOPYRROLATE TABS 1.5mg<br>QL (90 tabs / 30 days) | 4 | NDS QL ST |
| *glycopyrrolate* TABS 1mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *glycopyrrolate* TABS 2mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *glycopyrrolate (oral)* (generic of CUVPOSA) SOLN 1mg/5ml | 1 | |
| *methscopolamine bromide* TABS 2.5mg, 5mg<br>PA applies if 65 years and older | 3 | PA |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine* TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| *cimetidine hcl* SOLN 300mg/5ml<br>QL (1200 mL / 30 days) | 1 | QL |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml | 1 | |
| FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml | 3 | |
| *famotidine* (generic of PEPCID) TABS 20mg, 40mg | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *nizatidine* CAPS 150mg, 300mg | 1 | |
| PEPCID TABS 20mg, 40mg | 3 | |
| *ranitidine hcl* TABS 150mg, 300mg | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| APRISO CP24 .375gm<br>QL (120 caps / 30 days) | 3 | QL |
| AZULFIDINE TABS 500mg | 3 | |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | |
| *balsalazide disodium* CAPS 750mg | 1 | |
| *budesonide* CPEP 3mg<br>QL (90 caps / 30 days) | 1 | QL |
| *budesonide* (generic of UCERIS) TB24 9mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| *budesonide (intrarectal)* (generic of UCERIS) FOAM 2mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CANASA SUPP 1000mg<br>QL (30 suppositories / 30 days) | 4 | NDS QL |
| CORTENEMA ENEM 100mg/60ml | 3 | |
| DIPENTUM CAPS 250mg | 4 | NDS |
| *hydrocortisone (intrarectal)* (generic of CORTENEMA) ENEM 100mg/60ml | 1 | |
| LIALDA TBEC 1.2gm<br>QL (120 tabs / 30 days) | 3 | QL |
| *mesalamine* (generic of APRISO) CP24 .375gm<br>QL (120 caps / 30 days) | 1 | QL |
| *mesalamine* (generic of PENTASA) CPCR 250mg<br>QL (480 caps / 30 days) | 1 | QL |
| *mesalamine* (generic of PENTASA) CPCR 500mg<br>QL (240 caps / 30 days) | 1 | QL |
| *mesalamine* CPDR 400mg<br>QL (180 caps / 30 days) | 1 | QL |
| *mesalamine* ENEM 4gm<br>QL (1680 mL / 28 days) | 1 | QL |
| *mesalamine* (generic of CANASA) SUPP 1000mg<br>QL (30 suppositories / 30 days) | 1 | QL |
| *mesalamine* (generic of LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days) | 1 | QL |
| *mesalamine* TBEC 800mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *mesalamine w/ cleanser* (generic of ROWASA) KIT 4gm<br>QL (28 bottles / 28 days) | 1 | QL |
| PENTASA CPCR 250mg<br>QL (480 caps / 30 days) | 3 | QL |
| PENTASA CPCR 500mg<br>QL (240 caps / 30 days) | 4 | NDS QL |
| ROWASA KIT 4gm<br>QL (28 bottles / 28 days) | 4 | NDS QL |
| *sulfasalazine* (generic of AZULFIDINE) TABS 500mg | 1 | |
| *sulfasalazine* (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 | |
| UCERIS FOAM 2mg/act | 3 | |
| UCERIS TB24 9mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| ***LAXATIVES*** | | |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML | 3 | |
| *constulose* SOLN 10gm/15ml | 1 | |
| *enulose* SOLN 10gm/15ml | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* (generic of GOLYTELY) | 1 | |
| *gavilyte-n/flavor pack* | 1 | |
| *generlac* SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 3 | |
| *kristalose* PACK 10gm<br>QL (30 packets / 30 days) | 1 | QL PA |
| *kristalose* PACK 20gm<br>QL (60 packets / 30 days) | 1 | QL PA |
| *lactulose* PACK 10gm<br>QL (30 packets / 30 days) | 4 | NDS QL PA |
| *lactulose* PACK 20gm<br>QL (60 packets / 30 days) | 1 | QL PA |
| *lactulose* SOLN 10gm/15ml | 1 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | 1 | |
| MOVIPREP SOL | 3 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (generic of GOLYTELY) | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| *peg-3350/electrolytes/asc* (generic of MOVIPREP) | 1 | |
| PLENVU SOL | 3 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* (generic of SUPREP BOWEL PREP KIT) | 1 | |
| SUFLAVE SOL | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | |
| SUTAB TAB | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *alosetron hcl* (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days) | 1 | QL PA |
| AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 3 | QL |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* (generic of PYLERA) | 1 | |
| BYLVAY CAPS 400mcg, 1200mcg | 4 | NDS NM PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg | 4 | NDS NM PA |
| CARAFATE SUSP 1gm/10ml | 3 | ST |
| CARAFATE TABS 1gm | 3 | |
| CHOLBAM CAPS 50mg, 250mg | 4 | NDS NM PA |
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| *cromolyn sodium (mastocytosis)* (generic of GASTROCROM) CONC 100mg/5ml | 1 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 3 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* (generic of LOMOTIL) | 3 | |
| EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days) | 4 | NDS QL PA |
| GASTROCROM CONC 100mg/5ml | 4 | NDS |
| GATTEX KIT 5mg | 4 | NDS NM PA |
| IBSRELA TABS 50mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IQIRVO TABS 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | 2 | QL |
| LIVDELZI CAPS 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg | 4 | NDS NM PA |
| LOMOTIL TAB 2.5MG | 3 | |
| *loperamide hcl* CAPS 2mg | 1 | |
| LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *lubiprostone* (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 1 | QL |
| LYNAVOY TABS 40mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *misoprostol* (generic of CYTOTEC) TABS 100mcg, 200mcg | 1 | |
| MOTEGRITY TABS 1mg, 2mg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| PANCREAZE CAP 2600UNIT | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PANCREAZE CAP 37000 | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |
| PERTZYE CAP 8000UNIT | 3 | |
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| *prucalopride succinate* (generic of MOTEGRITY) TABS 1mg, 2mg | 1 | |
| PYLERA CAP | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REBYOTA SUSP 150ml<br>QL (150 mL / 30 days) | 4 | NDS QL NM PA |
| RELISTOR SOLN 12mg/0.6ml<br>QL (28 vials / 28 days) | 4 | NDS QL PA |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml<br>QL (28 syringes / 28 days) | 4 | NDS QL PA |
| RELISTOR TABS 150mg<br>QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RELTONE CAPS 200mg, 400mg | 4 | NDS PA |
| SUCRAID SOLN 8500unit/ml | 4 | NDS NM PA |
| *sucralfate* SUSP 1gm/10ml | 1 | ST |
| *sucralfate* (generic of CARAFATE) TABS 1gm | 1 | |
| SYMPROIC TABS .2mg<br>QL (30 tabs / 30 days) | 3 | QL |
| TALICIA CAP | 3 | |
| TRULANCE TABS 3mg<br>QL (30 tabs / 30 days) | 3 | QL |
| URSODIOL CAPS 200mg, 400mg | 4 | NDS PA |
| *ursodiol* CAPS 300mg; TABS 250mg | 1 | |
| *ursodiol* (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<br>QL (2 kits / year) | 2 | QL PA |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year) | 2 | QL PA |
| VOWST CAP<br>QL (12 caps / 30 days) | 4 | NDS QL NM PA |
| XERMELO TABS 250mg<br>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<br>QL (30 tabs / 30 days) | 4 | NDS QL ST |
| DEXILANT CPDR 30mg, 60mg<br>QL (30 caps / 30 days) | 3 | QL |
| *dexlansoprazole* (generic of DEXILANT) CPDR 30mg, 60mg<br>QL (30 caps / 30 days) | 1 | QL |
| *esomeprazole magnesium* (generic of NEXIUM) CPDR 20mg, 40mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *esomeprazole magnesium* (generic of NEXIUM) PACK 2.5mg, 5mg | 1 | |
| *esomeprazole magnesium* (generic of NEXIUM) PACK 10mg, 20mg, 40mg<br>QL (30 packets / 30 days) | 1 | QL |
| *esomeprazole sodium* SOLR 40mg | 1 | |
| KONVOMEP SUS 2-84/ML<br>QL (600 mL / 30 days) | 3 | QL PA |
| *lansoprazole* CPDR 15mg<br>QL (60 caps / 30 days) | 1 | QL |
| *lansoprazole* (generic of PREVACID) CPDR 30mg<br>QL (60 caps / 30 days) | 1 | QL |
| *lansoprazole* (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| NEXIUM CPDR 20mg, 40mg<br>QL (30 caps / 30 days) | 3 | QL ST |
| NEXIUM PACK 2.5mg, 5mg | 3 | |
| NEXIUM PACK 10mg, 20mg, 40mg<br>QL (30 packets / 30 days) | 3 | QL |
| *omeprazole* CPDR 10mg, 20mg, 40mg | 1 | |
| *omeprazole-sodium bicarbonate cap 20-1100 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *omeprazole-sodium bicarbonate cap 40-1100 mg* QL (30 caps / 30 days) | 1 | QL PA |
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* QL (30 packets / 30 days) | 4 | NDS QL PA |
| *omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg* QL (30 packets / 30 days) | 4 | NDS QL PA |
| PANTOPR/NACL SOL 40MG/100 | 3 | |
| PANTOPR/NACL SOL 80MG/100 | 3 | |
| *pantoprazole sodium* PACK 40mg QL (30 packets / 30 days) | 1 | QL ST |
| PANTOPRAZOLE SODIUM SOLR 40mg | 3 | |
| *pantoprazole sodium* (generic of PANTOPRAZOLE SODIUM) SOLR 40mg | 1 | |
| *pantoprazole sodium* (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 | |
| *rabeprazole sodium* (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*** | | |
| *alfuzosin hcl* (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days) | 1 | QL |
| AVODART CAPS .5mg QL (30 caps / 30 days) | 4 | NDS QL |
| CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL ST |
| CIALIS TABS 5mg QL (30 tabs / 30 days) | 3 | QL PA |
| *dutasteride* (generic of AVODART) CAPS .5mg QL (30 caps / 30 days) | 1 | QL |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* (generic of JALYN) QL (30 caps / 30 days) | 1 | QL |
| *finasteride* (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 |
| *silodosin* CAPS 4mg, 8mg QL (30 caps / 30 days) | 1 | QL |
| *tadalafil* (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days) | 1 | QL PA |
| *tamsulosin hcl* CAPS .4mg QL (60 caps / 30 days) | 1 | QL |
| UROXATRAL TB24 10mg QL (30 tabs / 30 days) | 3 | QL |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | 1 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| ELMIRON CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL |
| FILSPARI TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| FILSPARI TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| INTRAROSA INST 6.5mg | 3 | PA |
| LITHOSTAT TABS 250mg | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *neomycin-polymyxin b gu irrigation soln* | 1 | |
| OXLUMO SOLN 94.5mg/0.5ml | 4 | NDS NM PA |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 15) TBCR 15meq | 1 | |
| *potassium citrate (alkalinizer)* TBCR 540mg | 1 | |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 10) TBCR 1080mg | 1 | |
| RIMSO-50 SOLN 50% | 3 | |
| 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 |
| *tiopronin* (generic of THIOLA) TABS 100mg | 4 | NDS NM |
| *tiopronin* (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 |
| *venxxiva* (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*** | | |
| *darifenacin hydrobromide* TB24 7.5mg, 15mg QL (30 tabs / 30 days) | 1 | QL ST |
| *fesoterodine fumarate* (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days) | 1 | QL |
| GEMTESA TABS 75mg QL (30 tabs / 30 days) | 2 | QL |
| *mirabegron* (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 |
| *oxybutynin chloride* SOLN 5mg/5ml QL (600 mL / 30 days) | 1 | QL |
| *oxybutynin chloride* TABS 2.5mg QL (90 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TABS 5mg QL (120 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 5mg QL (30 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL |
| OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days) | 3 | QL ST |
| *solifenacin succinate* TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| *tolterodine tartrate* CP24 2mg, 4mg QL (30 caps / 30 days) | 1 | QL |
| *tolterodine tartrate* TABS 1mg, 2mg QL (60 tabs / 30 days) | 1 | QL |
| TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL |
| *trospium chloride* CP24 60mg QL (30 caps / 30 days) | 1 | QL |
| *trospium chloride* TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN CREA 2%; SUPP 100mg | 3 | |
| *clindamycin phosphate vaginal* (generic of CLEOCIN) CREA 2% | 1 | |
| CLINDESSE CREA 2% | 3 | |
| GYNAZOLE-1 CREA 2% | 3 | |
| *metronidazole vaginal* GEL .75% | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *miconazole 3* SUPP 200mg | 1 | |
| NUVESSA GEL 1.3% | 3 | |
| *terconazole vaginal* CREA .4%, .8%; SUPP 80mg | 1 | |
| VANDAZOLE GEL .75% | 3 | |
| XACIATO GEL 2% | 3 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| ARIXTRA SOLN 2.5mg/0.5ml | 3 | |
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 75mg, 150mg<br>QL (60 caps / 30 days) | 1 | QL |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 110mg<br>QL (120 caps / 30 days) | 1 | QL |
| ELIQUIS CPSP .15mg<br>QL (56 caps / 21 days) | 2 | QL |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days) | 2 | QL |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days) | 2 | QL |
| ELIQUIS TBSO .5mg<br>QL (588 tabs / 29 days) | 2 | QL |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg<br>QL (591 tabs / 29 days) | 2 | QL |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg<br>QL (592 tabs / 30 days) | 2 | QL |
| ELIQUIS STARTER PACK TBPK 5mg<br>QL (74 tabs / 30 days) | 2 | QL |
| *enoxaparin sodium* (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | |
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 2.5mg/0.5ml | 1 | |
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml | 3 | |
| FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 4 | NDS |
| HEP SOD/D5W INJ 20000UNT | 3 | |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| HEP SOD/NACL INJ 12500UNT | 2 | |
| HEP SOD/NACL INJ 25000UNT | 2 | |
| HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| HEPARIN/NACL INJ 25000UNT | 2 | |
| *jantoven* 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<br>QL (60 caps / 30 days) | 3 | QL |
| PRADAXA CAPS 110mg<br>QL (120 caps / 30 days) | 3 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PRADAXA PACK 20mg, 150mg<br>QL (60 packets / 30 days) | 4 | NDS QL PA |
| PRADAXA PACK 30mg, 40mg, 50mg, 110mg<br>QL (120 packets / 30 days) | 4 | NDS QL PA |
| *rivaroxaban* (generic of XARELTO) SUSR 1mg/ml<br>QL (620 mL / 30 days) | 1 | QL |
| *rivaroxaban* (generic of XARELTO) TABS 2.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml<br>QL (620 mL / 30 days) | 3 | QL |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days) | 2 | QL |
| XARELTO TABS 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 2 | QL |
| XARELTO STAR TAB 15/20MG<br>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 |
| ARMLUPEG SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM PA |
| EPOGEN SOLN 20000unit/ml | 4 | NDS NM PA |
| FILKRI SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| FYLNETRA SOSY 6mg/0.6ml<br>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 |
| 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 SOLN 4mg/0.4ml | 4 | NDS NM PA |
| NEULASTA SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| NEULASTA ONPRO KIT SOSY 6mg/0.6ml<br>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<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| *plerixafor* (generic of MOZOBIL) SOLN 24mg/1.2ml | 4 | NDS NM PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | NM PA |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days) | 4 | NDS QL NM PA |
| ENDARI PACK 5gm | 4 | NDS NM PA |
| ENJAYMO SOLN 1100mg/22ml | 4 | NDS NM PA |
| EPYSQLI SOLN 300mg/30ml | 4 | NDS NM PA |
| FABHALTA CAPS 200mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| GIVLAARI SOLN 189mg/ml | 4 | NDS NM PA |
| HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | 4 | NDS QL NM PA |
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| *icatibant acetate* (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| KALBITOR SOLN 10mg/ml QL (18 mL / 30 days) | 4 | NDS QL NM PA |
| *l-glutamine (sickle cell)* (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 |
| *pentoxifylline* TBCR 400mg | 1 | |
| PIASKY SOLN 340mg/2ml | 4 | NDS NM PA |
| PROMACTA PACK 12.5mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA PACK 25mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 50MGX20M 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 |
| RYTELO SOLR 47mg, 188mg | 4 | NDS NM PA |
| *sajazir* (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| SIKLOS TABS 100mg | 3 | |
| SIKLOS TABS 1000mg | 4 | NDS |
| SOLIRIS SOLN 300mg/30ml | 4 | NDS NM PA |
| TAKHZYRO 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 |
| *tranexamic acid* (generic of CYKLOKAPRON) SOLN 1000mg/10ml | 1 | |
| *tranexamic acid* TABS 650mg | 1 | |
| *tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%* (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 |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| WAYRILZ TABS 400mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XROMI SOLN 100mg/ml | 4 | NDS |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| *clopidogrel bisulfate* (generic of PLAVIX) TABS 75mg | 1 | |
| *clopidogrel bisulfate* TABS 300mg | 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg<br>PA applies if 65 years and older | 2 | PA |
| EFFIENT TABS 5mg, 10mg | 3 | |
| PLAVIX TABS 75mg | 3 | |
| *prasugrel hcl* (generic of EFFIENT) TABS 5mg, 10mg | 1 | |
| *ticagrelor* (generic of BRILINTA) TABS 60mg, 90mg | 1 | |
| **IMMUNOLOGIC AGENTS**<br>***AUTOIMMUNE AGENTS*** | | |
| ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| ACTEMRA SOSY 162mg/0.9ml<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| ACTEMRA ACTPEN SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml<br>QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml<br>QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| ADBRY SOAJ 300mg/2ml<br>QL (28 pens / 365 days) | 4 | NDS QL NM PA |
| ADBRY SOSY 150mg/ml<br>QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| AVSOLA SOLR 100mg | 4 | NDS NM PA |
| AVTOZMA SOAJ 162mg/0.9ml<br>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<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml<br>QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| CIBINQO TABS 50mg, 100mg, 200mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CIMZIA KIT 200mg<br>QL (2 kits / 28 days) | 4 | NDS QL NM PA |
| CIMZIA (1 SYRINGE) PSKT 200mg/ml<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| CIMZIA (2 SYRINGE) PSKT 200mg/ml<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| CIMZIA STARTER KIT PSKT 200mg/ml<br>QL (2 kits / year) | 4 | NDS QL NM PA |
| COSENTYX SOLN 125mg/5ml | 4 | NDS NM PA |
| COSENTYX SOSY 75mg/0.5ml<br>QL (16 syringes / 365 days) | 4 | NDS QL NM PA |
| COSENTYX SOSY 150mg/ml<br>QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml<br>QL (56 pens / 365 days) | 4 | NDS QL NM PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml<br>QL (28 pens / 365 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml | 4 | NDS QL NM PA |
| QL (4 pens / 28 days) | | |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | 4 | NDS QL NM PA |
| QL (4 syringes / 28 days) | | |
| EBGLYSS SOAJ 250mg/2ml | 4 | NDS QL NM PA |
| QL (20 pens / 365 days) | | |
| EBGLYSS SOSY 250mg/2ml | 4 | NDS QL NM PA |
| QL (20 syringes / 365 days) | | |
| ENBREL SOLN 25mg/0.5ml | 4 | NDS QL NM PA |
| QL (16 vials / 28 days) | | |
| ENBREL SOSY 25mg/0.5ml | 4 | NDS QL NM PA |
| QL (16 syringes / 28 days) | | |
| ENBREL SOSY 50mg/ml | 4 | NDS QL NM PA |
| QL (8 syringes / 28 days) | | |
| ENBREL MINI SOCT 50mg/ml | 4 | NDS QL NM PA |
| QL (8 cartridges / 28 days) | | |
| ENBREL SURECLICK SOAJ 50mg/ml | 4 | NDS QL NM PA |
| QL (8 pens / 28 days) | | |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml | 4 | NDS QL NM PA |
| QL (6 syringes / 28 days) | | |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | 4 | NDS QL NM PA |
| QL (6 autoinjectors / 28 days) | | |
| HUMIRA PSKT 10mg/0.1ml | 4 | NDS QL NM PA |
| QL (2 syringes / 28 days) | | |
| HUMIRA PSKT 20mg/0.2ml | 4 | NDS QL NM PA |
| QL (4 syringes / 28 days) | | |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 4 | NDS QL NM PA |
| QL (6 syringes / 28 days) | | |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml | 4 | NDS QL NM PA |
| QL (6 pens / 28 days) | | |
| HUMIRA PEN AJKT 80mg/0.8ml | 4 | NDS QL NM PA |
| QL (4 pens / 28 days) | | |
| HUMIRA PEN KIT PS/UV | 4 | NDS QL NM PA |
| QL (3 pens / 28 days) | | |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml | 4 | NDS QL NM PA |
| QL (3 pens / 28 days) | | |
| ILUMYA SOSY 100mg/ml | 4 | NDS QL NM PA |
| QL (6 syringes / 365 days) | | |
| INFLECTRA SOLR 100mg | 4 | NDS NM PA |
| INFLIXIMAB SOLR 100mg | 4 | NDS NM PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | 4 | NDS QL NM PA |
| QL (2 pens / 28 days) | | |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml | 4 | NDS QL NM PA |
| QL (2 syringes / 28 days) | | |
| KINERET SOSY 100mg/0.67ml | 4 | NDS QL NM PA |
| QL (28 syringes / 28 days) | | |
| LEQSELVI TABS 8mg | 4 | NDS QL NM PA |
| QL (60 tabs / 30 days) | | |
| LITFULO CAPS 50mg | 4 | NDS QL NM PA |
| QL (28 caps / 28 days) | | |
| NEMLUVIO AUIJ 30mg | 4 | NDS QL NM PA |
| QL (2 pens / 28 days) | | |
| OLUMIANT TABS 1mg, 2mg, 4mg | 4 | NDS QL NM PA |
| QL (30 tabs / 30 days) | | |
| OMVOH SOAJ 100mg/ml | 4 | NDS QL NM PA |
| QL (2 pens / 28 days) | | |
| OMVOH SOAJ 200mg/2ml | 4 | NDS QL NM PA |
| QL (1 pen / 28 days) | | |
| OMVOH SOLN 300mg/15ml | 4 | NDS NM PA |
| OMVOH SOSY 100mg/ml | 4 | NDS QL NM PA |
| QL (2 syringes / 28 days) | | |
| OMVOH SOSY 200mg/2ml | 4 | NDS QL NM PA |
| QL (1 syringe / 28 days) | | |
| OMVOH SOAJ 100/200 | 4 | NDS QL NM PA |
| QL (2 pens / 28 days) | | |
| OMVOH SOSY 100/200 | 4 | NDS QL NM PA |
| QL (2 syringes / 28 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ORENCIA SOLR 250mg | 4 | NDS NM PA |
| ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20 QL (110 tabs / year) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20/30 QL (110 tabs / year) | 4 | NDS QL NM PA |
| 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 |
| PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOLN 130mg/26ml | 4 | NDS NM PA |
| PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| REMICADE SOLR 100mg | 4 | NDS NM PA |
| RENFLEXIS SOLR 100mg | 4 | NDS NM PA |
| RHAPSIDO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 45mg QL (168 tabs / year) | 4 | NDS QL NM PA |
| RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI ARIA SOLN 50mg/4ml | 4 | NDS NM PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days) | 4 | NDS QL NM PA |
| SKYRIZI SOLN 600mg/10ml | 4 | NDS NM PA |
| SKYRIZI SOSY 55mg/0.37ml, 150mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA |
| SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | 4 | NDS QL NM PA |
| SOTYKTU TABS 6mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SPEVIGO SOLN 450mg/7.5ml | 4 | NDS NM PA |
| SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days) | 4 | NDS QL NM PA |
| SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days) | 4 | NDS QL NM PA |
| STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| STELARA SOLN 130mg/26ml | 4 | NDS NM PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TALTZ SOAJ 80mg/ml QL (3 pens / 28 days) | 4 | NDS QL NM PA |
| TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TALTZ SOSY 80mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| *tofacitinib citrate* (generic of XELJANZ) SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA |
| *tofacitinib citrate* (generic of XELJANZ) TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *tofacitinib citrate* (generic of XELJANZ XR) TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOLN 200mg/20ml | 4 | NDS NM PA |
| TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| USTEKINUMAB SOLN 130mg/26ml | 4 | NDS NM PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA |
| XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA |
| YESINTEK SOLN 130mg/26ml | 2 | NM PA |
| YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA |
| YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days) | 4 | NDS QL |
| *hydroxychloroquine sulfate* TABS 100mg, 300mg, 400mg | 1 | |
| *hydroxychloroquine sulfate* (generic of PLAQUENIL) TABS 200mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 3 | B/D |
| *leflunomide* (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| *methotrexate sodium* TABS 2.5mg | 1 | |
| OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml | 3 | NM PA |
| PLAQUENIL TABS 200mg | 3 | |
| 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 |
| SOVUNA TABS 200mg, 300mg | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| XATMEP SOLN 2.5mg/ml | 3 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 4 | NDS NM PA |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 4 | NDS NM PA |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 4 | NDS NM PA |
| CYTOGAM SOLN 50mg/ml | 4 | NDS B/D NM |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| GAMASTAN INJ | 3 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 4 | NDS NM PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 4 | NDS NM PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 4 | NDS NM 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 |
| QIVIGY SOLN 5gm/50ml, 10gm/100ml | 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 |
| JOENJA TABS 70mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ODACTRA SUB | 3 | 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 |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ASTAGRAF XL CP24 .5mg, 1mg | 3 | B/D NM |
| ATGAM SOLN 50mg/ml | 4 | NDS B/D |
| *azasan* TABS 75mg, 100mg | 1 | B/D |
| *azathioprine* (generic of IMURAN) TABS 50mg | 1 | B/D |
| *azathioprine* TABS 75mg, 100mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml 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 |
| *cyclosporine* (generic of SANDIMMUNE) CAPS 25mg, 100mg | 1 | B/D NM |
| *cyclosporine modified (for microemulsion)* (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D NM |
| *cyclosporine modified (for microemulsion)* CAPS 50mg | 1 | B/D NM |
| ENVARSUS XR TB24 4mg | 4 | NDS B/D NM |
| ENVARSUS XR TB24 .75mg, 1mg | 3 | B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS .25mg | 1 | B/D NM |
| *gengraf* (generic of NEORAL) CAPS 25mg, 100mg | 1 | B/D NM |
| IMURAN TABS 50mg | 3 | B/D |
| LUPKYNIS CAPS 7.9mg | 4 | NDS NM PA |
| *mycophenolate mofetil* (generic of CELLCEPT) CAPS 250mg; TABS 500mg | 1 | B/D NM |
| *mycophenolate mofetil* (generic of CELLCEPT) SUSR 200mg/ml | 4 | NDS B/D NM |
| *mycophenolate sodium* (generic of MYFORTIC) TBEC 180mg, 360mg | 1 | B/D NM |
| MYFORTIC TBEC 180mg | 3 | B/D NM |
| MYFORTIC TBEC 360mg | 4 | NDS B/D NM |
| MYHIBBIN SUSP 200mg/ml | 4 | NDS B/D NM |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D NM |
| NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml | 4 | NDS NM PA |
| NULOJIX SOLR 250mg | 4 | NDS B/D NM |
| PROGRAF CAPS 5mg | 4 | NDS B/D NM |
| PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg | 3 | B/D NM |
| 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 |
| SAPHNELO SOSY 120mg/0.8ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| SAPHNELO PEN SOAJ 120mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | B/D NM |
| *tacrolimus* (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | 1 | B/D NM |
| *tacrolimus* (generic of ASTAGRAF XL) CP24 5mg | 4 | NDS B/D NM |
| *tacrolimus* (generic of ASTAGRAF XL) CP24 .5mg, 1mg | 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 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 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 1 | |
| 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 | |
| PEDVAXHIB 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<br>QL (2 vials per lifetime) | 1 | QL |
| SHINGRIX SUSY 50mcg/0.5ml<br>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 | |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |
| **NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*** | | |
| D2.5W/NACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D5W/NACL INJ 0.2% | 1 | |
| D5W/NACL INJ 0.3% | 3 | |
| D5W/NACL INJ 0.9% | 3 | |
| D5W/NACL INJ 0.45% | 1 | |
| D10W/NACL INJ 0.2% | 2 | |
| D10W/NACL INJ 0.45% | 1 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* (generic of DEXTROSE 2.5%/SODIUM CHLO) | 1 | |
| *dextrose 5% in lactated ringers* | 1 | |
| *dextrose 5% w/ sodium chloride 0.3%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 1 | |
| *dextrose 5% w/ sodium chloride 0.9%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *dextrose 5% w/ sodium chloride 0.45%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 1 | |
| *dextrose 5% w/ sodium chloride 0.225%* (generic of DEXTROSE/SODIUM CHLORIDE) | 1 | |
| DW5-NACL INJ 0.225% | 3 | |
| ISOLYTE-P INJ /D5W | 3 | |
| ISOLYTE-S INJ | 3 | |
| ISOLYTE-S INJ PH 7.4 | 3 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.075%/D5W/NACL 0.45%) | 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.15%/D5W/NACL 0.9%) | 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.15%/D5W/NACL 0.45%) | 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 1 | |
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | 1 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | 1 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | 1 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.3%/D5W/NACL 0.9%) | 1 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.3%/D5W/NACL 0.45%) | 1 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 1 | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | 1 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | |
| KCL/D5W/NACL INJ 0.15/0.2 | 1 | |
| KCL/D5W/NACL INJ 0.15/0.9 | 3 | |
| KCL/D5W/NACL INJ 0.15/0.45 | 3 | |
| LACTATED RIN INJ | 3 | |
| *lactated ringer's solution* (generic of LACTATED RINGERS) | 1 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml | 2 | |
| *magnesium sulfate* (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50% | 2 | |
| *magnesium sulfate* SOLN 3gm/100ml, 4gm/50ml | 2 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* (generic of MAGNESIUM SULFATE IN D5W) | 2 | |
| MG SO4/D5W INJ 1GM/100 | 2 | |
| *multiple electrolytes ph 5.5* (generic of PLASMA-LYTE A) | 1 | |
| PLASMA-LYTE INJ -A | 3 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 3 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL/D5W INJ 20MEQ/L | 3 | |
| *potassium chloride* SOLN 2meq/ml | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| *potassium chloride* (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | 1 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 1 | |
| TPN ELECTROL INJ | 3 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | 1 | |
| KLOR-CON 8 TBCR 8meq | 1 | |
| *klor-con 8* (generic of KLOR-CON 8) TBCR 8meq | 1 | |
| *klor-con 10* TBCR 10meq | 1 | |
| KLOR-CON 10 TBCR 10meq | 1 | |
| *klor-con m10* TBCR 10meq | 1 | |
| *klor-con m15* TBCR 15meq | 1 | |
| *klor-con m20* TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 2 | |
| POKONZA PACK 10meq | 3 | |
| POKONZA PACK 15meq; SOLN 5% | 4 | NDS |
| *potassium chloride* CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq | 1 | |
| *potassium chloride* (generic of KLOR-CON 8) TBCR 8meq | 1 | |
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 2 | |
| PRENATAL TAB PLUS | 2 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 1 | |
| WESTAB PLUS TAB 27-1MG | 2 | |
| ***IV NUTRITION*** | | |
| *aminosyn ii soln 15%* | 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 |
| *clinisol sf 15%* | 1 | B/D |
| CLINOLIPID EMU 20% | 3 | B/D |
| *dextrose* SOLN 5% | 1 | |
| *dextrose* (generic of DEXTROSE 10%) SOLN 10% | 1 | |
| *dextrose* 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 |
| *plenamine* | 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*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* (generic of ZYLET) | 1 | |
| MAXITROL OIN 0.1% OP | 3 | |
| MAXITROL SUS 0.1% OP | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* (generic of MAXITROL) | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* (generic of MAXITROL) | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ZYLET SUS 0.5-0.3% | 2 | |
| ***ANTI-INFECTIVES*** | | |
| AZASITE SOLN 1% | 3 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| *besifloxacin hcl* SUSP .6% | 1 | |
| BESIVANCE SUSP .6% | 2 | |
| CILOXAN OINT .3% | 2 | |
| *ciprofloxacin hcl (ophth)* SOLN .3% | 1 | |
| *erythromycin (ophth)* OINT 5mg/gm | 1 | |
| *gatifloxacin (ophth)* SOLN .5% | 1 | |
| *gentamicin sulfate (ophth)* SOLN .3% | 1 | |
| *levofloxacin (ophth)* SOLN .5%, 1.5% | 1 | |
| *moxifloxacin hcl (ophth)* SOLN .5%<br>QL (12 mL / 30 days) | 1 | QL |
| *moxifloxacin hcl (ophth)* (generic of VIGAMOX) SOLN .5%<br>QL (12 mL / 30 days) | 1 | QL |
| NATACYN SUSP 5% | 3 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| OCUFLOX SOLN .3% | 3 | |
| *ofloxacin (ophth)* (generic of OCUFLOX) SOLN .3% | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth)* SOLN 10% | 1 | |
| *tobramycin (ophth)* SOLN .3% | 1 | |
| TOBREX OINT .3% | 3 | |
| *trifluridine* SOLN 1% | 1 | |
| VIGAMOX SOLN .5%<br>QL (12 mL / 30 days) | 3 | QL |
| XDEMVY SOLN .25% | 4 | NDS NM PA |
| ZIRGAN GEL .15% | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACULAR SOLN .5% | 3 | |
| ACULAR LS SOLN .4% | 3 | |
| ACUVAIL SOLN .45% | 3 | |
| ALREX SUSP .2% | 3 | |
| *bromfenac sodium (ophth)* (generic of PROLENSA) SOLN .07% | 1 | |
| *bromfenac sodium (ophth)* SOLN .09% | 1 | |
| *bromfenac sodium (ophth)* (generic of BROMSITE) SOLN .075% | 1 | |
| BROMSITE SOLN .075% | 3 | |
| BYQLOVI SUSP .05% | 3 | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | 1 | |
| DEXYCU SUSP 9% | 3 | |
| *diclofenac sodium (ophth)* SOLN .1% | 1 | |
| *difluprednate* (generic of DUREZOL) EMUL .05% | 1 | |
| DUREZOL EMUL .05% | 3 | |
| FLAREX SUSP .1% | 3 | |
| *fluorometholone (ophth)* (generic of FML LIQUIFILM) SUSP .1% | 1 | |
| *flurbiprofen sodium* SOLN .03% | 1 | |
| FML FORTE SUSP .25% | 3 | |
| FML LIQUIFILM SUSP .1% | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| ILEVRO SUSP .3% | 3 | |
| *ketorolac tromethamine (ophth)* SOLN .4% | 1 | |
| *ketorolac tromethamine (ophth)* (generic of ACULAR) SOLN .5% | 1 | |
| LOTEMAX GEL .5%; SUSP .5% | 3 | |
| LOTEMAX OINT .5% | 2 | |
| LOTEMAX SM GEL .38% | 2 | |
| *loteprednol etabonate* (generic of LOTEMAX) GEL .5%; SUSP .5% | 1 | |
| *loteprednol etabonate* (generic of ALREX) SUSP .2% | 1 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 3 | |
| PRED FORTE SUSP 1% | 3 | |
| PRED MILD SUSP .12% | 3 | |
| *prednisolone acetate (ophth)* (generic of PRED FORTE) SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| PROLENSA SOLN .07% | 3 | |
| TRIESENCE SUSP 40mg/ml | 3 | PA |
| XIPERE SUSP 40mg/ml | 3 | NM PA |
| YUTIQ IMPL .18mg | 4 | NDS NM |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | 1 | |
| *bepotastine besilate* (generic of BEPREVE) SOLN 1.5% | 1 | |
| BEPREVE SOLN 1.5% | 3 | |
| *cromolyn sodium (ophth)* SOLN 4% | 1 | |
| *epinastine hcl (ophth)* SOLN .05% | 1 | |
| ZERVIATE SOLN .24% | 3 | |
| ***ANTIGLAUCOMA*** | | |
| ALPHAGAN P SOLN .1%, .15% | 3 | |
| AZOPT SUSP 1% | 3 | ST |
| *betaxolol hcl (ophth)* SOLN .5% | 1 | |
| BETIMOL SOLN .5% | 3 | |
| *bimatoprost* SOLN .03% | 1 | |
| *brimonidine tartrate* (generic of ALPHAGAN P) SOLN .1%, .15% | 1 | |
| *brimonidine tartrate* SOLN .2% | 1 | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* (generic of COMBIGAN) | 1 | |
| *brinzolamide* (generic of AZOPT) SUSP 1% | 1 | ST |
| *carteolol hcl (ophth)* SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| COSOPT PF SOL 2%-0.5% | 3 | |
| COSOPT SOL 2-0.5%OP | 3 | |
| *dorzolamide hcl* SOLN 2% | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* (generic of COSOPT) | 1 | |
| *dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%* (generic of COSOPT PF) | 1 | |
| ISTALOL SOLN .5% | 3 | |
| IYUZEH SOLN .005% | 3 | ST |
| *latanoprost* (generic of XALATAN) SOLN .005% | 1 | |
| *levobunolol hcl* SOLN .5% | 1 | |
| LUMIGAN SOLN .01% | 2 | |
| PHOSPHOLINE IODIDE SOLR .125% | 4 | NDS NM |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | 1 | |
| RHOPRESSA SOLN .02% | 2 | |
| ROCKLATAN DRO | 2 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| *tafluprost* (generic of ZIOPTAN) SOLN .015mg/ml | 1 | |
| *timolol hemihydrate (ophth)* (generic of BETIMOL) SOLN .5% | 1 | |
| *timolol maleate (ophth)* SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| *timolol maleate (ophth) once-daily* (generic of ISTALOL) SOLN .5% | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *timolol maleate (ophth) pf* (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1 | |
| TIMOPTIC OCUDOSE SOLN .25%, .5% | 3 | |
| TRAVATAN Z SOLN .004% | 3 | |
| *travoprost* (generic of TRAVATAN Z) SOLN .004% | 1 | |
| VYZULTA SOLN .024% | 3 | |
| XALATAN SOLN .005% | 3 | |
| XELPROS EMUL .005% | 3 | ST |
| ZIOPTAN SOLN .015mg/ml | 3 | ST |
| ZOLYMBUS GEL .01% | 3 | ST |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 2 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | 1 | |
| BEOVU SOSY 6mg/0.05ml | 4 | NDS NM PA |
| BYOOVIZ SOLN .5mg/0.05ml | 4 | NDS NM PA |
| CEQUA SOLN .09%<br>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%<br>QL (112 mL / year) | 4 | NDS QL NM PA |
| PAVBLU SOSY 2mg/0.05ml | 4 | NDS NM PA |
| *proparacaine hcl* (generic of ALCAINE) SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| SUSVIMO SOLN 10mg/0.1ml | 4 | NDS NM PA |
| SYFOVRE SOLN 15mg/0.1ml | 4 | NDS NM PA |
| TRYPTYR SOLN .003%<br>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%<br>QL (120 single use vials / 30 days) | 4 | NDS QL PA |
| VEVYE SOLN .1% | 4 | NDS PA |
| XIIDRA SOLN 5% | 2 | |
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | 1 | |
| CIPRO HC SUS 0.2-1%OT | 3 | |
| *ciprofloxacin hcl (otic)* (generic of CETRAXAL) SOLN .2% | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-hydrocortisone otic susp 0.2-1%* (generic of CIPRO HC) | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| DERMOTIC OIL .01% | 3 | |
| *flac* (generic of DERMOTIC) OIL .01% | 1 | |
| *fluocinolone acetonide (otic)* (generic of DERMOTIC) OIL .01% | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic)* SOLN .3% | 1 | |
| **RESPIRATORY** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| ANORO ELLIPT AER 62.5-25<br>QL (60 blisters / 30 days) | 2 | QL |
| BEVESPI AER 9-4.8MCG<br>QL (1 inhaler / 30 days) | 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BREZTRI AERO AER 9MCG<br>QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER 18MCG<br>QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)<br>QL (4 inhalers / 28 days) | 2 | QL |
| COMBIVENT AER 20-100<br>QL (2 inhalers / 30 days) | 3 | QL |
| DUAKLIR AER 400/12<br>QL (1 inhaler / 30 days) | 3 | QL |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | B/D |
| STIOLTO AER 2.5-2.5<br>QL (1 inhaler / 30 days) | 3 | QL |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG<br>QL (60 blisters / 30 days) | 2 | QL |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG<br>QL (60 blisters / 30 days) | 2 | QL |
| ***ANTICHOLINERGICS*** | | |
| ATROVENT HFA AERS 17mcg/act<br>QL (2 inhalers / 30 days) | 3 | QL |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh<br>QL (30 blisters / 30 days) | 2 | QL |
| *ipratropium bromide* SOLN .02% | 1 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | 1 | |
| *ipratropium bromide hfa* (generic of ATROVENT HFA) AERS 17mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL |
| SPIRIVA HANDIHALER CAPS 18mcg<br>QL (30 caps / 30 days) | 3 | QL |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL |
| *tiotropium bromide* (generic of SPIRIVA HANDIHALER) CAPS 18mcg<br>QL (30 caps / 30 days) | 1 | QL |
| TUDORZA PRESSAIR AEPB 400mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL |
| TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act<br>QL (2 inhalers / 30 days) | 3 | QL |
| YUPELRI NEBU 175mcg/3ml | 4 | NDS PA |
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* (generic of DYMISTA)<br>QL (1 bottle / 30 days) | 1 | QL |
| CLARINEX-D TAB 2.5-120 | 3 | |
| DYMISTA SPR 137-50<br>QL (1 bottle / 30 days) | 3 | QL |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml*<br>PA applies if 65 years and older | 2 | PA |
| RYALTRIS SPR 665-25<br>QL (31 gm / 30 days) | 3 | QL |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* SOLN .1% | 1 | |
| *carbinoxamine maleate* SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg<br>PA applies if 65 years and older | 3 | PA |
| *carbinoxamine maleate* TABS 4mg<br>PA applies if 65 years and older | 2 | PA |
| *carbzah* SOLN 4mg/5ml<br>PA applies if 65 years and older | 3 | PA |
| *cetirizine hcl* SOLN 5mg/5ml<br>QL (300 mL / 30 days) | 1 | QL |
| CLARINEX TABS 5mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *clemastine fumarate* SYRP .67mg/5ml<br>QL (1800 mL / 30 days) | 4 | NDS QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *clemastine fumarate* TABS 2.68mg<br>PA applies if 65 years and older | 2 | PA |
| CLEMSZA TABS 2.68mg<br>PA applies if 65 years and older | 4 | NDS PA |
| *corphena* SOLN 2mg/5ml<br>PA applies if 65 years and older | 1 | PA |
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| *desloratadine* (generic of CLARINEX) TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *desloratadine* TBDP 2.5mg, 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *diphenhydramine hcl* SOLN 50mg/ml | 1 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older | 3 | PA |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| *hydroxyzine pamoate* CAPS 25mg, 50mg, 100mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| KARBINAL ER SUER 4mg/5ml<br>PA applies if 65 years and older | 3 | PA |
| *levocetirizine dihydrochloride* SOLN 2.5mg/5ml<br>QL (300 mL / 30 days) | 1 | QL |
| *levocetirizine dihydrochloride* TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *olopatadine hcl (nasal)* SOLN .6% | 1 | |
| QUZYTTIR SOLN 10mg/ml<br>QL (30 mL / 30 days) | 4 | NDS QL PA |
| *ryclora* SOLN 2mg/5ml<br>PA applies if 65 years and older | 1 | PA |
| *ryvent* TABS 6mg<br>PA applies if 65 years and older | 3 | PA |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA) | 1 | QL |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | 1 | QL |
| *albuterol sulfate* (generic of VENTOLIN HFA) AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA) | 1 | QL |
| *albuterol sulfate* NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| *albuterol sulfate* SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |
| *arformoterol tartrate* NEBU 15mcg/2ml | 1 | B/D |
| *formoterol fumarate* (generic of PERFOROMIST) NEBU 20mcg/2ml | 1 | B/D |
| *levalbuterol hcl* NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| *levalbuterol tartrate* AERO 45mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL ST |
| PERFOROMIST NEBU 20mcg/2ml | 4 | NDS B/D |
| PROAIR RESPICLICK AEPB 108mcg/act<br>QL (2 inhalers / 30 days) | 3 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| SEREVENT DISKUS AEPB 50mcg/dose<br>QL (60 inhalations / 30 days) | 2 | QL |
| STRIVERDI RESPIMAT AERS 2.5mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL |
| *terbutaline sulfate* SOLN 1mg/ml; TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act<br>QL (2 inhalers / 30 days) | 2 | QL |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act<br>QL (6 inhalers / 30 days) | 2 | QL |
| XOPENEX HFA AERO 45mcg/act<br>QL (2 inhalers / 30 days) | 3 | QL ST |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 3 | |
| *zafirlukast* TABS 10mg, 20mg | 1 | |
| *zileuton* TB12 600mg<br>QL (120 tabs / 30 days) | 4 | NDS QL ST |
| ZYFLO TABS 600mg<br>QL (120 tabs / 30 days) | 4 | NDS QL ST |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 1 | B/D |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg | 4 | NDS NM PA |
| BRINSUPRI TABS 10mg, 25mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CINQAIR SOLN 100mg/10ml | 4 | NDS NM PA |
| *cromolyn sodium* NEBU 20mg/2ml | 1 | B/D |
| DALIRESP TABS 250mcg<br>QL (56 tabs / year) | 3 | QL |
| DALIRESP TABS 500mcg<br>QL (30 tabs / 30 days) | 3 | QL |
| *elixophyllin* ELIX 80mg/15ml | 4 | NDS |
| *epinephrine (anaphylaxis)* (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml<br>(generic of EpiPen) | 1 | |
| *epinephrine (anaphylaxis)* (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | 1 | |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml<br>(generic of Adrenaclick) | 1 | |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| ESBRIET TABS 267mg<br>QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| ESBRIET TABS 801mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| EXDENSUR SOSY 100mg/ml<br>QL (1 syringe / 180 days) | 4 | NDS QL NM PA |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| FASENRA PEN SOAJ 30mg/ml<br>QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml | 4 | NDS NM PA |
| JASCAYD TABS 9mg, 18mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *nintedanib esylate* (generic of OFEV) CAPS 100mg, 150mg<br>QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| NUCALA SOAJ 100mg/ml<br>QL (3 pens / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *pirfenidone* CAPS 267mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| *pirfenidone* (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| *pirfenidone* TABS 534mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *pirfenidone* (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 |
| *roflumilast* (generic of DALIRESP) TABS 250mcg QL (56 tabs / year) | 1 | QL |
| *roflumilast* (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 | |
| *theophylline* 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 |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | NDS NM PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% QL (3 bottles / 30 days) | 1 | QL |
| *fluticasone propionate (nasal)* SUSP 50mcg/act QL (1 bottle / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *mometasone furoate (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 |
| ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days) | 3 | QL |
| *beclomethasone dipropionate* AERS 40mcg/act, 80mcg/act QL (2 inhalers / 30 days) | 1 | QL |
| *budesonide (inhalation)* (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D |
| *fluticasone propionate (inhalation)* AEPB 50mcg/act QL (180 inhalations / 30 days) | 2 | QL |
| *fluticasone propionate (inhalation)* AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days) | 2 | QL |
| *fluticasone propionate hfa* AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days) | 2 | QL |
| PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days) | 3 | QL |
| PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days) | 3 | QL PA |
| ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days) | 3 | QL PA |
| ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days) | 3 | QL PA |
| ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days) | 2 | QL |
| ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days) | 2 | QL |
| ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days) | 2 | QL |
| AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days) | 2 | QL |
| BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days) | 2 | QL |
| BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days) | 2 | QL |
| *breyna* (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| DULERA AER 50-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| DULERA AER 100-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| DULERA AER 200-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |
| SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| *wixela inhub* (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 4 | NDS PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 4 | NDS PA |
| ACANYA GEL 1.2-2.5% QL (50 gm / 30 days) | 3 | QL |
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ACZONE GEL 7.5% QL (90 gm / 30 days) | 3 | QL |
| *adapalene* CREA .1% QL (45 gm / 30 days) | 1 | QL PA |
| *adapalene* (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days) | 1 | QL PA |
| *adapalene* PADS .1% QL (28 swabs / 28 days) | 4 | NDS QL PA |
| ADAPALENE SOLN .1% QL (120 mL / 30 days) | 3 | QL PA |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* QL (45 gm / 30 days) | 1 | QL PA |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* QL (60 gm / 30 days) | 1 | QL PA |
| AKLIEF CREA .005% QL (45 gm / 30 days) | 3 | QL PA |
| ALTRENO LOTN .05% QL (45 gm / 30 days) | 3 | QL PA |
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| AMZEEQ FOAM 4% QL (30 gm / 30 days) | 3 | QL PA |
| ARAZLO LOTN .045% QL (45 gm / 30 days) | 3 | QL PA |
| ATRALIN GEL .05% QL (45 gm / 30 days) | 3 | QL PA |
| AZELEX CREA 20% QL (50 gm / 30 days) | 3 | QL PA |
| BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days) | 3 | QL |
| *benzoyl peroxide-erythromycin gel 5-3%* (generic of BENZAMYCIN) QL (46.6 gm / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CABTREO GEL<br>QL (50 gm / 30 days) | 4 | NDS QL PA |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| CLEOCIN-T LOTN 1%<br>QL (60 mL / 30 days) | 3 | QL |
| *clindacin* FOAM 1%<br>QL (100 gm / 30 days) | 1 | QL |
| *clindacin etz pledgets* SWAB 1%<br>QL (69 pledgets / 30 days) | 1 | QL |
| *clindacin-p* SWAB 1%<br>QL (69 pledgets / 30 days) | 1 | QL |
| CLINDAGEL GEL 1%<br>QL (75 mL / 30 days) | 4 | NDS QL PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%*<br>QL (45 gm / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* FOAM 1%<br>QL (100 gm / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* (generic of CLINDAGEL) GEL 1%<br>QL (75 mL / 30 days) | 1 | QL PA |
| *clindamycin phosphate (topical)* (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* SOLN 1%<br>QL (60 mL / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* SWAB 1%<br>QL (69 pledgets / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%*<br>QL (50 gm / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* (generic of ACANYA)<br>QL (50 gm / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%* (generic of ONEXTON)<br>QL (50 gm / 30 days) | 1 | QL |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%*<br>QL (60 gm / 30 days) | 1 | QL PA |
| *dapsone (topical)* GEL 5%<br>QL (90 gm / 30 days) | 1 | QL |
| *dapsone (topical)* (generic of ACZONE) GEL 7.5%<br>QL (90 gm / 30 days) | 1 | QL |
| DIFFERIN PUMP GEL .3%<br>QL (45 gm / 30 days) | 3 | QL PA |
| EPIDUO FORTE GEL 0.3-2.5%<br>QL (60 gm / 30 days) | 3 | QL PA |
| *ery* PADS 2%<br>QL (60 pledgets / 30 days) | 1 | QL |
| *erythromycin (acne aid)* GEL 2%<br>QL (60 gm / 30 days) | 1 | QL |
| *erythromycin (acne aid)* SOLN 2%<br>QL (60 mL / 30 days) | 1 | QL |
| FABIOR FOAM .1%<br>QL (100 gm / 30 days) | 3 | QL PA |
| *isotretinoin* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *isotretinoin* (generic of ABSORICA) CAPS 25mg, 35mg | 1 | PA |
| KLARON LOTN 10%<br>QL (118 mL / 30 days) | 3 | QL |
| *neuac gel 1.2-5%*<br>QL (45 gm / 30 days) | 1 | QL |
| ONEXTON GEL 1.2-3.75<br>QL (50 gm / 30 days) | 3 | QL |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO GEL .06%<br>QL (50 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO PUMP GEL .08%<br>QL (50 gm / 30 days) | 3 | QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sulfacetamide sodium (acne)* (generic of KLARON) LOTN 10% QL (118 mL / 30 days) | 1 | QL |
| TAZAROTENE FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| *tretinoin* (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 1 | QL PA |
| *tretinoin* (generic of ATRALIN) GEL .05% QL (45 gm / 30 days) | 1 | QL PA |
| *tretinoin microsphere* GEL .04%, .1% QL (50 gm / 30 days) | 1 | QL PA |
| *tretinoin microsphere* (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days) | 1 | QL PA |
| *twice-daily clindamycin phosphate (topical)* GEL 1% QL (60 gm / 30 days) | 1 | QL |
| TWYNEO CRE 0.1-3% QL (30 gm / 30 days) | 3 | QL PA |
| WINLEVI CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ZIANA GEL QL (60 gm / 30 days) | 3 | QL PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1% QL (30 gm / 30 days) | 1 | QL |
| *mupirocin* OINT 2% QL (220 gm / 30 days) | 1 | QL |
| *mupirocin calcium (topical)* CREA 2% QL (30 gm / 30 days) | 1 | QL PA |
| SILVADENE CREA 1% | 3 | |
| *silver sulfadiazine* (generic of SILVADENE) CREA 1% | 1 | |
| *ssd* (generic of SILVADENE) CREA 1% | 1 | |
| SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days) | 3 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox* GEL .77% QL (100 gm / 30 days) | 1 | QL |
| *ciclopirox* SHAM 1% QL (120 mL / 30 days) | 1 | QL |
| *ciclopirox olamine* CREA .77% QL (90 gm / 30 days) | 1 | QL |
| *ciclopirox olamine* SUSP .77% QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole (topical)* CREA 1% QL (45 gm / 30 days) | 1 | QL |
| *clotrimazole (topical)* SOLN 1% QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole w/ betamethasone cream 1-0.05%* QL (45 gm / 30 days) | 1 | QL |
| *econazole nitrate* CREA 1% QL (85 gm / 30 days) | 1 | QL |
| ECONAZOLE NITRATE FOAM 1% QL (70 gm / 28 days) | 3 | QL ST |
| ERTACZO CREA 2% QL (60 gm / 30 days) | 4 | NDS QL ST |
| EXELDERM CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| EXELDERM SOLN 1% QL (30 mL / 30 days) | 3 | QL PA |
| JUBLIA SOLN 10% QL (8 mL / 30 days) | 4 | NDS QL |
| *ketoconazole (topical)* CREA 2% QL (60 gm / 30 days) | 1 | QL |
| *ketoconazole (topical)* FOAM 2% QL (100 gm / 30 days) | 1 | QL PA |
| *ketoconazole (topical)* SHAM 2% QL (120 mL / 30 days) | 1 | QL |
| *ketodan* FOAM 2% QL (100 gm / 30 days) | 1 | QL PA |
| *klayesta* POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *luliconazole* CREA 1% QL (60 gm / 30 days) | 1 | QL ST |
| LUZU CREA 1% QL (60 gm / 30 days) | 3 | QL ST |
| *miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%* QL (50 gm / 30 days) | 1 | QL PA |
| *naftifine hcl* CREA 1% QL (90 gm / 30 days) | 1 | QL |
| *naftifine hcl* CREA 2% QL (60 gm / 30 days) | 1 | QL |
| *naftifine hcl* (generic of NAFTIN) GEL 2% QL (60 gm / 30 days) | 1 | QL |
| NAFTIN GEL 2% QL (60 gm / 30 days) | 3 | QL |
| *nyamyc* POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days) | 1 | QL |
| *nystatin (topical)* POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| *nystop* POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| *oxiconazole nitrate* CREA 1% QL (90 gm / 30 days) | 1 | QL PA |
| OXISTAT LOTN 1% QL (60 mL / 30 days) | 3 | QL PA |
| *selenium sulfide* LOTN 2.5% | 1 | |
| VUSION OIN QL (50 gm / 30 days) | 3 | QL PA |
| ZORYVE FOAM .3% QL (60 gm / 30 days) | 3 | QL PA |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | 1 | PA |
| *calcipotriene* CREA .005%; OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days) | 4 | NDS QL PA |
| *calcipotriene* (generic of PELLIX) SOLN .005% QL (120 mL / 30 days) | 1 | QL PA |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* QL (400 gm / 28 days) | 1 | QL PA |
| *calcipotriene-betamethasone dipropionate susp 0.005-0.064%* (generic of TACLONEX) QL (420 gm / 28 days) | 1 | QL PA |
| *calcitrene* OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| *calcitriol (topical)* OINT 3mcg/gm QL (800 gm / 28 days) | 1 | QL PA |
| ENSTILAR AER QL (120 gm / 30 days) | 4 | NDS QL PA |
| *methoxsalen rapid* CAPS 10mg | 4 | NDS |
| PELLIX SOLN .005% QL (120 mL / 30 days) | 1 | QL PA |
| SORILUX FOAM .005% QL (120 gm / 30 days) | 4 | NDS QL PA |
| TACLONEX SUS QL (420 gm / 28 days) | 4 | NDS QL PA |
| *tazarotene* (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days) | 1 | QL PA |
| *tazarotene* (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 |
| *trilitas* (generic of TAZORAC) GEL .1% QL (100 gm / 30 days) | 1 | 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*** | | |
| *ala-cort* CREA 1% | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ala-scalp* LOTN 2%<br>QL (60 mL / 30 days) | 4 | NDS QL |
| *alclometasone dipropionate* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *amcinonide* CREA .1%; OINT .1%<br>QL (60 gm / 30 days) | 4 | NDS QL PA |
| *betamethasone dipropionate (topical)* CREA .05%; OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate (topical)* LOTN .05%<br>QL (120 mL / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* CREA .05%; GEL .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* LOTN .05%<br>QL (120 mL / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* (generic of DIPROLENE) OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone valerate* CREA .1%; FOAM .12%; OINT .1%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone valerate* LOTN .1%<br>QL (120 mL / 30 days) | 1 | QL |
| BRYHALI LOTN .01%<br>QL (100 gm / 30 days) | 3 | QL PA |
| *clobetasol propionate* CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| CLOBETASOL PROPIONATE CREA .025%<br>QL (100 gm / 30 days) | 4 | NDS QL |
| *clobetasol propionate* FOAM .05%<br>QL (100 gm / 30 days) | 1 | QL |
| *clobetasol propionate* (generic of CLOBEX) LIQD .05%<br>QL (125 mL / 30 days) | 1 | QL |
| *clobetasol propionate* LOTN .05%<br>QL (118 mL / 30 days) | 1 | QL |
| *clobetasol propionate* SHAM .05%<br>QL (236 mL / 30 days) | 1 | QL |
| *clobetasol propionate* SOLN .05%<br>QL (100 mL / 30 days) | 1 | QL |
| *clobetasol propionate e* CREA .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *clobetasol propionate emulsion* FOAM .05%<br>QL (100 gm / 30 days) | 1 | QL |
| *clocortolone pivalate* CREA .1%<br>QL (90 gm / 30 days) | 1 | QL PA |
| *clodan* SHAM .05%<br>QL (236 mL / 30 days) | 1 | QL |
| CORDRAN TAPE 4mcg/sqcm<br>QL (1 roll / 30 days) | 3 | QL PA |
| DERMA-SMOOTHE/FS BODY OIL .01%<br>QL (118.28 mL / 30 days) | 3 | QL |
| DERMA-SMOOTHE/FS SCALP OIL .01%<br>QL (118.28 mL / 30 days) | 3 | QL |
| *desonide* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *desonide* GEL .05%<br>QL (60 gm / 30 days) | 1 | QL PA |
| *desonide* LOTN .05%<br>QL (118 mL / 30 days) | 1 | QL |
| *desoximetasone* CREA .05%<br>QL (100 gm / 30 days) | 1 | QL PA |
| *desoximetasone* CREA .25%<br>QL (100 gm / 30 days) | 1 | QL |
| *desoximetasone* GEL .05%<br>QL (60 gm / 30 days) | 1 | QL PA |
| *desoximetasone* (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desoximetasone* (generic of TOPICORT) OINT .05% | 1 | QL PA |
| QL (100 gm / 30 days) | | |
| *desoximetasone* (generic of TOPICORT) OINT .25% | 1 | QL |
| QL (100 gm / 30 days) | | |
| *diflorasone diacetate* CREA .05%; OINT .05% | 1 | QL PA |
| QL (60 gm / 30 days) | | |
| DIPROLENE OINT .05% | 3 | QL |
| QL (120 gm / 30 days) | | |
| DUOBRII LOT | 4 | NDS QL PA |
| QL (200 gm / 28 days) | | |
| EPIFOAM AER 1% | 3 | |
| *evesse* LOTN .1% | 1 | QL PA |
| QL (118 mL / 30 days) | | |
| *fluocinolone acetonide* CREA .01% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *fluocinolone acetonide* (generic of SYNALAR) CREA .025%; OINT .025% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS BODY) OIL .01% | 1 | QL |
| QL (118.28 mL / 30 days) | | |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% | 1 | QL |
| QL (118.28 mL / 30 days) | | |
| *fluocinolone acetonide* SOLN .01% | 1 | QL |
| QL (60 mL / 30 days) | | |
| *fluocinonide* CREA .05%, .1% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *fluocinonide* GEL .05%; OINT .05% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *fluocinonide* SOLN .05% | 1 | QL |
| QL (60 mL / 30 days) | | |
| *fluocinonide emulsified base* CREA .05% | 1 | QL |
| QL (120 gm / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *flurandrenolide* LOTN .05% | 1 | QL PA |
| QL (120 mL / 30 days) | | |
| *fluticasone propionate* CREA .05%; OINT .005% | 1 | |
| *fluticasone propionate* LOTN .05% | 1 | QL |
| QL (120 mL / 30 days) | | |
| *halcinonide* (generic of HALOG) CREA .1% | 1 | QL PA |
| QL (240 gm / 30 days) | | |
| *halcinonide* (generic of HALOG) SOLN .1% | 1 | QL PA |
| QL (120 mL / 30 days) | | |
| *halobetasol propionate* CREA .05%; OINT .05% | 1 | QL |
| QL (50 gm / 30 days) | | |
| *halobetasol propionate* FOAM .05% | 1 | QL PA |
| QL (200 gm / 28 days) | | |
| HALOBETASOL PROPIONATE LOTN .05% | 4 | NDS QL PA |
| QL (120 mL / 30 days) | | |
| HALOG CREA .1% | 3 | QL PA |
| QL (240 gm / 30 days) | | |
| HALOG SOLN .1% | 4 | NDS QL PA |
| QL (120 mL / 30 days) | | |
| *hydrocortisone (topical)* CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5% | 1 | |
| *hydrocortisone (topical)* LOTN 2% | 4 | NDS QL |
| QL (60 mL / 30 days) | | |
| *hydrocortisone (topical)* OINT 1% | 1 | QL |
| QL (30 gm / 30 days) | | |
| *hydrocortisone butyrate* CREA .1%; OINT .1% | 1 | QL |
| QL (45 gm / 30 days) | | |
| *hydrocortisone butyrate* LOTN .1% | 1 | QL PA |
| QL (118 mL / 30 days) | | |
| *hydrocortisone butyrate* SOLN .1% | 1 | QL |
| QL (60 mL / 30 days) | | |
| *hydrocortisone valerate* CREA .2%; OINT .2% | 1 | QL |
| QL (60 gm / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| LEXETTE FOAM .05% QL (200 gm / 28 days) | 1 | QL PA |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | 1 | |
| PRAMOSONE CRE 1-1% | 3 | |
| PRAMOSONE LOT 1-1% | 3 | |
| PRAMOSONE LOT 2.5% | 3 | |
| SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days) | 3 | QL |
| *texacort* SOLN 2.5% | 1 | |
| TOPICORT LIQD .25% QL (100 mL / 30 days) | 3 | QL PA |
| TOPICORT OINT .05% QL (100 gm / 30 days) | 3 | QL PA |
| *tovet* FOAM .05% QL (100 gm / 30 days) | 1 | QL |
| *triamcinolone acetonide (topical)* AERS .147mg/gm QL (100 gm / 30 days) | 1 | QL PA |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5% QL (454 gm / 30 days) | 1 | QL |
| *triamcinolone acetonide (topical)* LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| *triamcinolone acetonide (topical)* OINT .05% QL (430 gm / 30 days) | 1 | QL PA |
| *triderm* 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 | |
| *glydo* PRSY 2% QL (60 mL / 30 days) | 1 | QL PA |
| *lidocaine* OINT 5% QL (50 gm / 30 days) | 1 | QL PA |
| *lidocaine* (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| *lidocaine hcl* GEL 2% QL (30 mL / 30 days) | 1 | QL PA |
| *lidocaine hcl* PRSY 2% QL (60 mL / 30 days) | 1 | QL PA |
| *lidocaine hcl* SOLN 4% QL (50 mL / 30 days) | 1 | QL PA |
| *lidocaine-prilocaine cream 2.5-2.5%* QL (30 gm / 30 days) | 1 | B/D QL |
| *lidocan* (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 |
| *tridacaine iii* (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA |
| ZTLIDO PTCH 1.8% QL (3 patches / 1 day) | 3 | QL PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical* (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days) | 1 | QL PA |
| *acyclovir topical* (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days) | 1 | QL |
| 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 |
| *azelaic acid* (generic of FINACEA) GEL 15% QL (50 gm / 30 days) | 1 | QL |
| *bexarotene (topical)* (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| *brimonidine tartrate (topical)* GEL .33% QL (30 gm / 30 days) | 1 | QL PA |
| CORTIFOAM FOAM 10% | 3 | |
| DENAVIR CREA 1% QL (5 gm / 30 days) | 3 | QL |
| *diclofenac sodium (actinic keratoses)* GEL 3% QL (100 gm / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diclofenac sodium (topical)* SOLN 1.5% | 1 | QL (300 mL / 28 days) |
| *diclofenac sodium (topical)* SOLN 2% | 1 | QL PA (224 gm / 28 days) |
| *doxepin hcl (antipruritic)* (generic of PRUDOXIN) CREA 5% | 1 | QL PA (45 gm / 30 days) |
| *doxycycline (rosacea)* (generic of ORACEA) CPDR 40mg | 1 | |
| EMROSI CP24 40mg | 4 | NDS QL PA (30 caps / 30 days) |
| EPSOLAY CREA 5% | 3 | QL PA (30 gm / 30 days) |
| EUCRISA OINT 2% | 3 | QL PA (120 gm / 30 days) |
| FINACEA FOAM 15% | 3 | QL PA (50 gm / 30 days) |
| *fluorouracil (topical)* CREA 5% | 1 | QL (40 gm / 30 days) |
| *fluorouracil (topical)* CREA .5% | 4 | NDS QL (30 gm / 30 days) |
| *fluorouracil (topical)* SOLN 2%, 5% | 1 | QL (10 mL / 30 days) |
| *hydrocortisone (rectal)* CREA 1% | 1 | |
| *hydrocortisone (rectal)* (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| HYFTOR GEL .2% | 4 | NDS QL NM PA (20 gm / 25 days) |
| *imiquimod* (generic of ZYCLARA PUMP) CREA 3.75% | 1 | QL (28 packets / 28 days) |
| *imiquimod* CREA 5% | 1 | QL (24 packets / 30 days) |
| *imiquimod pump* (generic of ZYCLARA PUMP) CREA 3.75% | 1 | QL (7.5 gm / 28 days) |
| *ivermectin (rosacea)* (generic of SOOLANTRA) CREA 1% | 1 | QL PA (45 gm / 30 days) |
| KLISYRI OINT 1% | 4 | NDS QL PA (5 packets / 30 days) |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | 1 | |
| *metronidazole (topical)* CREA .75%; GEL .75% | 1 | QL (45 gm / 30 days) |
| *metronidazole (topical)* GEL 1% | 1 | QL (60 gm / 30 days) |
| *metronidazole (topical)* LOTN .75% | 1 | QL (59 mL / 30 days) |
| MIRVASO GEL .33% | 3 | QL PA (30 gm / 30 days) |
| *nitroglycerin (intra-anal)* (generic of RECTIV) OINT .4% | 1 | QL (30 gm / 30 days) |
| NORITATE CREA 1% | 4 | NDS QL PA (60 gm / 30 days) |
| OPZELURA CREA 1.5% | 4 | NDS QL PA (240 gm / 28 days) |
| ORACEA CPDR 40mg | 3 | |
| *oxymetazoline hcl (topical)* (generic of RHOFADE) CREA 1% | 1 | QL (30 gm / 30 days) |
| PANRETIN GEL .1% | 4 | NDS QL PA (60 gm / 30 days) |
| *penciclovir* (generic of DENAVIR) CREA 1% | 1 | QL (5 gm / 30 days) |
| *pimecrolimus* CREA 1% | 1 | QL PA (100 gm / 30 days) |
| *podofilox* GEL .5% | 1 | QL (7 gm / 28 days) |
| *podofilox* SOLN .5% | 1 | QL (7 mL / 28 days) |
| *procto-med hc* (generic of ANUSOL-HC) CREA 2.5% | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *proctocort* CREA 1% | 1 | |
| PROCTOFOAM AER HC 1% | 3 | |
| *proctosol hc* (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| *proctozone-hc* (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 |
| *tacrolimus (topical)* OINT .03%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| TARGRETIN GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| XERESE CRE 5-1% QL (5 gm / 30 days) | 4 | NDS QL |
| YCANTH SOLN .7% | 3 | NM PA |
| ZELSUVMI 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*** | | |
| *crotan* LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| ELIMITE CREA 5% QL (60 gm / 30 days) | 3 | QL |
| EURAX CREA 10% QL (60 gm / 30 days) | 3 | QL PA |
| *malathion* LOTN .5% QL (59 mL / 30 days) | 1 | QL |
| NATROBA SUSP .9% | 3 | |
| OVIDE LOTN .5% QL (59 mL / 30 days) | 3 | QL |
| *permethrin* (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days) | 1 | QL |
| *pruradik* LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| *spinosad* 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 |
| *sodium chloride (gu irrigant)* SOLN .9% | 1 | |
| *water for irrigation, sterile irrigation soln* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* (generic of EVOXAC) CAPS 30mg | 1 | |
| *chlorhexidine gluconate (mouth-throat)* (generic of PERIDEX) SOLN .12% | 1 | |
| *clotrimazole* TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |
| EVOXAC CAPS 30mg | 3 | |
| *kourzeq* PSTE .1% | 1 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | 1 | |
| *nystatin (mouth-throat)* (generic of NYSTATIN) SUSP 100000unit/ml | 1 | |
| *periogard* (generic of PERIDEX) SOLN .12% | 1 | |
| *pilocarpine hcl (oral)* (generic of SALAGEN) TABS 5mg, 7.5mg | 1 | |
| SALAGEN TABS 5mg, 7.5mg | 3 | |
| *triamcinolone acetonide (mouth)* PSTE .1% | 1 | |

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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 09/29/2026. 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.

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

09/29/2026