

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1		CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>allopurinol</i> TABS 200mg	1	ST	<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
ALOPRIM SOLR 500mg	4	NDS	<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>diflunisal</i> TABS 500mg	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
KRYSTEXXA SOLN 8mg/50ml, 8mg/ml	4	NDS NM PA	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL	<i>flurbiprofen</i> TABS 100mg	1	
<i>probenecid</i> TABS 500mg	1		<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<b>MISCELLANEOUS</b>			<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA	<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D	<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D			
<b>NSAIDS</b>					
ARTHROTEC 50 TAB	3				
ARTHROTEC 75 TAB	3				
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL			

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<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	4	NDS
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA

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<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine</i> <i>soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL

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<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> QL (300 caps / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 10mg/ml</i> QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>codeine sulfate TABS 30mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL	HYDROMORPHONE HCL SOLN 4mg/ml	3	B/D
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml</i>	3	B/D
<i>endocet tab 5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>endocet tab 7.5-325mg (generic of PERCOCET)</i> QL (240 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg (generic of PERCOCET)</i> QL (180 tabs / 30 days)	1	QL	HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i> QL (2700 mL / 30 days)	1	QL			
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL			
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL			

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<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
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
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trexix</i> QL (300 caps / 30 days)	1	QL
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> 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 Requirements/ Tier	Limits
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
CONTEPO SOLR 6gm	4	NDS
<i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg	4	NDS
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
<i>daptomycin</i> SOLR 500mg	4	NDS
EMBLAVEO INJ 2GM	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA

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MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
ORLYNVAH TAB 500-500	4	NDS NM
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	

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<i>streptomycin sulfate</i> SOLR 1gm	4	NDS
STROMEKTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	4	NDS
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole- trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	3	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOGIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOGIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	

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

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg	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
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg QL (120 caps / 30 days)	4	NDS QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
INTELENCE TABS 25mg	3	NM

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

Drug Name	Drug Requirements/ Tier	Limits
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>rilpivirine hcl</i> (generic of EDURANT) TABS 25mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
TROGARZO SOLN 200mg/1.33ml	4	NDS NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA)	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 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
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTIURO TABS 20mg, 100mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> CAPS 45mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VOSEVI TAB	4	NDS NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
<b>CEPHALOSPORINS</b>		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg	4	NDS	<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm	1		<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1		<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	4	NDS
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		ZITHROMAX TRI-PAK TABS 500mg	3	
FETROJA SOLR 1gm	4	NDS	ZITHROMAX Z-PAK TABS 250mg	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		<b>FLUOROQUINOLONES</b>		
TEFLARO SOLR 400mg, 600mg	4	NDS	BAXDELA SOLR 300mg; TABS 450mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS	CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
ZEVTERA SOLR 667mg	4	NDS	<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<b>ERYTHROMYCINS/MACROLIDES</b>			<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>azithromycin</i> SUSR 100mg/5ml; TABS 600mg	1		<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	4	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml	1	B/D
<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
<i>cyclophosphamide</i> (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
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml	1	B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	4	NDS B/D NM
LEUKERAN TABS 2mg	4	NDS PA
<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	4	NDS NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM

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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>permetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	4	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
<i>pralatrexate</i> (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	4	NDS PA
VIDAZA SUSR 100mg	4	NDS B/D NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CAMCEVI PRSY 42mg	3	NM PA
CASODEX TABS 50mg	4	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EULEXIN CAPS 125mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS PA
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
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
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ORGOVYX TABS 120mg	4	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NDS NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<b>MISCELLANEOUS</b>		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
KHAPZORY SOLR 175mg	4	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	4	NDS NM
<i>mesna</i> (generic of MESNEX) TABs 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>mitoxantrone hcl</i> CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml	1	B/D NM
MODEYSO CAPS 125mg QL (20 caps / 28 days)	4	NDS QL NM PA
NIPENT SOLR 10mg	4	NDS B/D
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
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
VYKOURA SOLN 50mg/5ml	3	B/D NM
VYKOURA SOLN 350mg/35ml, 500mg/50ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	4	NDS B/D NM
AVOPEF SOLN 100mg/5ml	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
<i>docetaxel</i> CONC 20mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DOCETAXEL CONC 20mg/ml	3	B/D	ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>docetaxel</i> CONC 80mg/4ml	4	NDS B/D	AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM	BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ETOPOPHOS SOLR 100mg	3	B/D	BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D	BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM	BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM	BELEODAQ SOLR 500mg	4	NDS NM PA
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA	BESPONSA SOLR .9mg	4	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D	BLENREP SOLR 70mg	4	NDS NM PA
PACLITAXEL INJ 100MG	4	NDS B/D NM	BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	4	NDS B/D NM	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D	BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D	BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D	BOSULIF CAPS 100mg QL (300 caps / 30 days)	4	NDS QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA	BRUKINSA TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
			CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
			CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ENSACOVE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA	EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA	ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA	ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA	<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA	<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	FYARRO SUSR 100mg	4	NDS NM PA
DATROWAY SOLR 100mg	4	NDS NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA	GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
EMRELIS SOLR 20mg, 100mg	4	NDS NM PA	GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ENHERTU SOLR 100mg	4	NDS NM PA			
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA	IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA	IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
HERCESSI SOLR 150mg, 420mg	4	NDS NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA	IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA	ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	4	NDS QL NM PA	ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA	JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA	KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA	KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	4	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA	KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA	KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
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 QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
MARGENZA SOLN 250mg/10ml	4	NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	PERJETA SOLN 420mg/14ml	4	NDS NM PA
NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	PHESGO SOL	4	NDS NM PA
NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA	PHYRAGO TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA	PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA	POLIVY SOLR 30mg, 140mg	4	NDS NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA	RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA	REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA	REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
OPDUALAG SOL	4	NDS NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
RYBREVANT INJ FASPRO	4	NDS NM PA	TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA	TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA	TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TIVDAK SOLR 40mg	4	NDS NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	TORISEL SOLN 25mg/ml	4	NDS B/D NM
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA	TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA	TRODELVY SOLR 180mg	4	NDS NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA	TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA	TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	4	NDS QL NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 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	TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA	TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA
			VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
			VELCADE SOLR 3.5mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg QL (4 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 50mg QL (112 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
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 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
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 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
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA	XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg QL (8 tabs / 28 days)	4	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA	YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA	ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ZIIHERA SOLR 300mg	4	NDS NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VYLOY SOLR 100mg, 300mg	4	NDS NM PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	4	NDS QL NM PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA	ZYNLONTA SOLR 10mg	4	NDS NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ZYNYZ SOLN 500mg/20ml	4	NDS 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	<b>CARDIOVASCULAR</b>		
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA	<b>ACE INHIBITOR COMBINATIONS</b>		
			<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
			<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	2	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
EXFORGE HCT TAB 10-160-12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-320-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (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

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	1	QL	<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL	<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1		<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL	<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>sotalol hcl</i> TABS 240mg	1	
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL	<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL	SOTYLIZE SOLN 5mg/ml	3	
<i>valsartan</i> (generic of DIOVAN) 1 TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL	TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
<i>valsartan</i> (generic of DIOVAN) 1 TABS 320mg QL (30 tabs / 30 days)	1	QL	<b>ANTILIPEMICS, FIBRATES</b>		
<b>ANTIARRHYTHMICS</b>			<i>choline fenofibrate</i> CPDR	1	
<i>amiodarone hcl</i> SOLN	1		45mg, 135mg		
50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg			<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3		<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	1	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	<i>fenofibrate micronized</i> CAPS	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1		43mg, 67mg, 134mg, 200mg		
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL	<i>gemfibrozil</i> (generic of LOPID) 1 TABS 600mg	1	
NORPACE CAPS 100mg, 150mg	3		LOPID TABS 600mg	3	
NORPACE CR CP12 100mg, 150mg	3		<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
			ATORVALIQ SUSP	3	QL ST
			20mg/5ml QL (600 mL / 30 days)		
			<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
			EZALLOR SPRINKLE CPSP	3	QL ST
			5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)		
			FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
			<i>fluvastatin sodium</i> CAPS	1	QL ST
			20mg, 40mg QL (60 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST	<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	1	
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST	<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	1	
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST	EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM PA
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL	<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST	<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL	LOVAZA CAP 1GM	3	PA
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST	NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>			NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>cholestyramine light</i> PACK 4gm	1		<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		<i>prevalite</i> PACK 4gm	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
COLESTID GRAN 5gm; TABS 1gm	3		QUESTRAN PACK 4gm; POWD 4gm/dose	3	
			QUESTRAN LIGHT POWD 4gm/dose	3	
			REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA	<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
VASCEPA CAPS .5gm, 1gm	2		<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL	BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL	BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL	<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL	<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
WELCHOL PACK 3.75gm; TABS 625mg	3		COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL	COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4	NDS QL
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>			INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg	1		KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg	1		<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1		LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	3	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1		<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1		<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1		<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1		<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<b>BETA-BLOCKERS</b>					
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1				
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1				

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL	<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1		<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1		KATERZIA SUSP 1mg/ml	3	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3		<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<b>CALCIUM CHANNEL BLOCKERS</b>			<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
CARDAMYST SOLN 70mg/dose	4	NDS	<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3		NICARDIPINE SOL 20/200ML	3	
CARDIZEM CD CP24 120mg	3		NICARDIPINE SOL 40/200ML	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS	<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	1	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>nimodipine</i> CAPS 30mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1		<i>nimodipine</i> SOLN 60mg/20ml	4	NDS
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		<i>nisoldipine</i> TB24 34mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	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	
			SULAR TB24 8.5mg, 17mg, 34mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		LASIX TABS 20mg, 40mg, 80mg	3	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<b>DIURETICS</b>			<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1		SOANZ TABS 40mg	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1		<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1		THALITONE TABS 15mg	3	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1		<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1		<i>triamterene &amp; hydrochlorothiazide cap 37.5- 25 mg</i>	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1		<i>triamterene &amp; hydrochlorothiazide tab 37.5- 25 mg</i>	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
DIURIL SUSP 250mg/5ml	3		<b>MISCELLANEOUS</b>		
EDECIN TABS 25mg	4	NDS	ADRENALIN SOLN 1mg/ml	3	
ENBUMYST SOLN .5mg/0.1ml	4	NDS	<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1		<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1		<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1		<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	1	
<i>furosemide inj</i> SOLN 10mg/ml	1		<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
HEMICLOR TABS 12.5mg	3		<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1		<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1				
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL			
KEVEYIS TABS 50mg	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		<i>digoxin SOLN .05mg/ml</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		<i>digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1		<i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1		QL (30 tabs / 30 days)		
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1		<i>droxidopa (generic of NORTHERA) CAPS 100mg</i>	1	QL NM PA
ATTRUBY TBPK 356mg	4	NDS QL NM PA	QL (90 caps / 30 days)		
BIDIL TAB	3		<i>droxidopa (generic of NORTHERA) CAPS 200mg, 300mg</i>	4	NDS QL NM PA
CADUET TAB 5-10MG	3		QL (180 caps / 30 days)		
CADUET TAB 5-20MG	3		EPINEPHRINE SOLN 1mg/ml	3	
CADUET TAB 5-40MG	3		<i>epinephrine (generic of ADRENALIN) SOLN 1mg/ml</i>	1	
CADUET TAB 5-80MG	3		<i>guanfacine hcl TABS 1mg, 2mg</i>	2	PA
CADUET TAB 10-10MG	3		PA applies if 65 years and older		
CADUET TAB 10-20MG	3		<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
CADUET TAB 10-40MG	3		INPEFA TABS 200mg, 400mg	3	QL
CADUET TAB 10-80MG	3		QL (30 tabs / 30 days)		
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	NDS QL NM PA	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	1	
QL (30 caps / 30 days)			<i>ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg</i>	1	QL
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1		QL (60 tabs / 30 days)		
<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1		JAVADIN SOLN .02mg/ml	3	
<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1		LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
<i>clonidine TB24 .17mg</i>	1		LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1		LODOCO TABS .5mg	3	QL PA
CORLANOR SOLN 5mg/5ml	2	QL	QL (30 tabs / 30 days)		
QL (450 mL / 30 days)			<i>methyl dopa TABS 250mg, 500mg</i>	3	PA
CORLANOR TABS 5mg, 7.5mg	3	QL	PA applies if 65 years and older		
QL (60 tabs / 30 days)			<i>metyrosine CAPS 250mg</i>	4	NDS NM PA
DEMSEER CAPS 250mg	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1
<i>minoxidil</i> TABS 2.5mg, 10mg	1
MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4 NDS QL NM PA
NEXICLON XR TB24 .17mg	3
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4 NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4 NDS QL NM PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	4 NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1
REDEMPLO SOSY QL (1 syringe / 90 days)	4 NDS QL NM PA
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3 QL
TRYNGOLZA SOAJ QL (1 autoinjector / 30 days)	4 NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3 QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2 QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4 NDS QL NM PA
VYNDALIN CAPS 20mg QL (120 caps / 30 days)	4 NDS QL NM PA
<b>NITRATES</b>	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1
<i>nitro-bid</i> OINT 2%	1
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4 NDS

Drug Name	Drug Requirements/ Tier Limits
<i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1
NITROLINGUAL SOLN .4mg/spray	3
NITROSTAT SUBL .3mg, .4mg, .6mg	3
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
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
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>ambriasant</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	4 NDS QL NM PA
<i>epoprostenol sodium</i> (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
OPSUMIT TABS 10mg 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA	TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA	TYVASO REFILL KIT SOLN .6mg/ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA	TYVASO STARTER KIT SOLN .6mg/ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA	UPTRAVI SOLR 1800mcg	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA	UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA	UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA	UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA	VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA	WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA	WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA	WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA	YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA	YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA	<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>		
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA	<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
			<i>alprazolam</i> TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
			<i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
			<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
CELEXA TABS 10mg, 20mg, 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	3	QL
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	4	NDS QL PA	PARNATE TABS 10mg	4	NDS
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA	<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
FETZIMA CAP TITRATION QL (2 packs / year)	3	QL PA	<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL	<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA	<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA	<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3		<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL	<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1		<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
NARDIL TABS 15mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA	<i>protriptyline hcl</i> TABS 5mg, 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA	<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
REMERON TABS 15mg, 30mg	3		AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3		<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
SPRAVATO SOL 56MG DOS	4	NDS NM PA	<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
SPRAVATO SOL 84MG DOS	4	NDS NM PA	<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>tranylcypramine sulfate</i> (generic of PARNATE) TABS 10mg	1		<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1		<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL	<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL	<i>carbidopa &amp; levodopa cap er</i> 23.75-95 mg	1	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA	<i>carbidopa &amp; levodopa cap er</i> 36.25-145 mg	1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1		<i>carbidopa &amp; levodopa cap er</i> 48.75-195 mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1		<i>carbidopa &amp; levodopa cap er</i> 61.25-245 mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL	<i>carbidopa &amp; levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa &amp; levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3		<i>carbidopa &amp; levodopa tab 25- 250 mg</i>	1	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM PA	<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	1	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM PA	<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	1	
<b>ANTIPARKINSONIAN AGENTS</b>			<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i>	1	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i>	1	
			<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
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
<i>entacapone TABS 200mg</i>	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
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	NDS NM PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
<b>ANTIPSYCHOTICS</b>		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		FANAPT PAK PACK B QL (2 packs / year)	3	QL PA
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1		FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
<i>clozapine</i> TABS 50mg	1		<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL	GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	HALDOL DECANOATE 50 SOLN 50mg/ml	3	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
CLOZARIL TABS 25mg	3		<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL	INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	4	NDS QL			
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA			

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LEVETIR/NAACL INJ 5MG/ML	3	
LEVETIR/NAACL INJ 10MG/ML	3	
LEVETIR/NAACL INJ 15MG/ML	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
<i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)	1	QL
<i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)	1	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
RELGAABI CAPS 200mg QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>relgaabi</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>relgaabi</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (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 <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	4	NDS ST
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> 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
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
ARYNTA SOLN 10mg/ml QL (240 mL / 30 days)	3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA			
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA			

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> CP24 20mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
<b>HYPNOTICS</b>		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
estazolam TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA	BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	4	NDS QL NM PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA	EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA
<b>MIGRAINE</b>			<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST	IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
			IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
			IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
			MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<b>MISCELLANEOUS</b>		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	4	NDS QL NM PA
DAYBUE STIX PACK 8000mg QL (60 packets / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>edaravone</i> SOLN 30mg/100ml, 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	4	NDS QL NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 450mg, 600mg QL (90 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 750mg, 900mg QL (60 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
<i>milnacipran hcl</i> (generic of SAVELLA) TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>milnacipran hcl tab 12.5 mg</i> (5) & 25 mg (8) & 50 mg (42) <i>pak</i> QL (2 packs / year)	1	QL PA
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA
TONMYA SUBL 2.8mg QL (60 tabs / 30 days)	4	NDS QL PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TB12 10mg QL (60 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
<i>cladribine (4 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (5 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (6 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (7 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (8 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (9 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine (10 tabs)</i> (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

Drug Name	Drug Requirements/ Tier	Limits
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
<i> fingolimod hcl</i> (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
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
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
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
MAVENCLAD (8 TABS) TBPk 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPk 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPk 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPk .25mg QL (2 packs / year)	4	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPk .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM PA
TASCENSO ODT TBPk .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DAXXIFY SOLR 100unit	3	NM PA
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA	NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA	NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
ONTRALFY SOLN 2mg/5ml	3		PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
OZOBAX DS SOLN 10mg/5ml	4	NDS PA	PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA	<i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1		SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
<i>tizanidine hcl</i> CAPS 8mg	4	NDS	WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>tizanidine hcl</i> TABS 2mg	1		XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XEOMIN SOLR 50unit	3	NM PA	XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA	<b>PSYCHOTHERAPEUTIC-MISC</b>		
ZANAFLEX CAPS 2mg, 4mg, 3 6mg; TABS 4mg	3		<i>acamprosate calcium</i> TBEC 333mg	1	
ZANAFLEX CAPS 8mg	4	NDS	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
<b>NARCOLEPSY/CATAPLEXY</b>			<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> 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
CHANTIX TAB 0.5& 1MG QL (2 packs / year)	3	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> 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 QL (180 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SUBOXONE MIS 8-2MG QL (120 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (90 films / 30 days)	3	QL
<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ZURNAI SOAJ 1.5mg/0.5ml	3	
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
AVEED SOLN 750mg/3ml	4	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	QL PA
QL (150 gm / 30 days)		
TLANDO CAPS 112.5mg	3	QL PA
QL (120 caps / 30 days)		
VOGELXO GEL 50mg/5gm	3	QL PA
QL (300 gm / 30 days)		
VOGELXO PUMP GEL 1%	3	QL PA
QL (300 gm / 30 days)		
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL
QL (90 tabs / 30 days)		
ACTOS TABS 15mg, 30mg, 45mg	3	QL
QL (30 tabs / 30 days)		
<i>dapagliflozin</i> (generic of FARXIGA) TABS 5mg, 10mg	1	QL
QL (30 tabs / 30 days)		
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i> (generic of XIGDUO XR)	1	QL
QL (60 tabs / 30 days)		
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> (generic of XIGDUO XR)	1	QL
QL (60 tabs / 30 days)		
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i> (generic of XIGDUO XR)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> (generic of XIGDUO XR)	1	QL
QL (30 tabs / 30 days)		
DUETACT TAB 30-2MG	3	QL
QL (30 tabs / 30 days)		
DUETACT TAB 30-4MG	3	QL
QL (30 tabs / 30 days)		
FARXIGA TABS 5mg, 10mg	2	QL
QL (30 tabs / 30 days)		
<i>glimepiride</i> TABS 1mg, 2mg	1	QL
QL (90 tabs / 30 days)		
<i>glimepiride</i> TABS 4mg	1	QL
QL (60 tabs / 30 days)		
<i>glipizide</i> TABS 5mg	1	QL
QL (240 tabs / 30 days)		
<i>glipizide</i> TABS 10mg	1	QL
QL (120 tabs / 30 days)		
<i>glipizide</i> TB24 2.5mg	1	QL
QL (90 tabs / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg	1	QL
QL (90 tabs / 30 days)		
<i>glipizide</i> TB24 10mg	1	QL
QL (60 tabs / 30 days)		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL
QL (240 tabs / 30 days)		
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL
QL (120 tabs / 30 days)		
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL
QL (120 tabs / 30 days)		
GLUCOTROL XL TB24 5mg	3	QL
QL (90 tabs / 30 days)		
GLYXAMBI TAB 10-5 MG	2	QL
QL (30 tabs / 30 days)		
GLYXAMBI TAB 25-5 MG	2	QL
QL (30 tabs / 30 days)		
JANUMET TAB 50-500MG	2	QL
QL (60 tabs / 30 days)		
JANUMET TAB 50-1000	2	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 50-500MG	2	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL	OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	2	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL			
<i>migliitol</i> TABS 25mg, 50mg, 100mg	1				

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	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
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
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 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
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
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
<b>CALCIUM REGULATORS</b>		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
AELVIA TBEC 35mg	3	ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
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
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	4	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XTRENBO SOLN 120mg/1.7ml	3	NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> TABS 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	4	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	4	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate</i> powder	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	

Drug Name	Drug Requirements/ Tier Limits
ANNOVERA MIS	3
<i>apri</i>	1
<i>aranelle</i>	1
<i>ashlyna</i>	1
<i>aubra eq</i>	1
<i>aurovela 1/20</i>	1
<i>aurovela 24 fe</i>	1
<i>aurovela fe 1.5/30</i>	1
<i>aurovela fe 1/20</i>	1
AVERI TAB	3
<i>aviane</i>	1
<i>ayuna</i>	1
<i>azurette</i>	1
<i>balziva</i>	1
<i>blisovi 24 fe</i>	1
<i>blisovi fe 1.5/30</i>	1
<i>blisovi fe 1/20</i>	1
<i>briellyn</i>	1
<i>camila</i> TABS .35mg	1
<i>camrese</i>	1
<i>camrese lo</i>	1
<i>chateal eq</i>	1
<i>cryselle</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1
<i>daysee</i>	1
<i>deblitane</i> TABS .35mg	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>hailey fe 1/20</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jencycla</i> TABS .35mg	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1- 0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna (generic of YAZ)</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3- 14.2MG	3	
<i>nikki (generic of YAZ)</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>norgestimate-eth estrad tab</i>	1
<i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>orquidea TABS .35mg</i>	1
<i>PHEXX GEL</i>	3
<i>PHEXXI GEL</i>	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>rosyrah</i>	1
<i>SAFYRAL TAB</i>	3
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>SLYND TABS 4mg</i>	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda (generic of YASMIN 28)</i>	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>TAYTULLA CAP 1MG/20MC</i>	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>turqoz</i>	1
<i>TYBLUME CHW 0.1-0.02</i>	3
<i>tydemy (generic of SAFYRAL)</i>	1
<i>valtya 1/35</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura (generic of YAZ)</i>	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
<i>YASMIN 28 TAB 3-0.03MG</i>	3
<i>YAZ TAB 3-0.02MG</i>	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine (generic of YASMIN 28)</i>	1
<b>ESTROGENS</b>	
<i>abigale (generic of ACTIVELLA)</i>	2
<i>abigale lo</i>	2
<i>ACTIVELLA TAB 1-0.5MG</i>	3
<i>BIJUVA CAP 0.5-100</i>	3
<i>BIJUVA CAP 1-100MG</i>	3
<i>CLIMARA PTWK</i>	3
<i>.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	
<i>CLIMARA PRO DIS WEEKLY</i>	3
<i>COMBIPATCH DIS</i>	3
<i>DELESTROGEN OIL</i>	3
<i>10mg/ml, 20mg/ml</i>	
<i>DEPO-ESTRADIOL OIL</i>	3
<i>5mg/ml</i>	
<i>DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>dotti</i> (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
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
<i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2

Drug Name	Drug Requirements/ Tier Limits
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB 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
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1
<b>GLUCOCORTICOIDS</b>	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4 NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3 NM PA
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (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	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA

Drug Name	Tier	Drug Requirements/ Limits
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
BYNFEZIA PEN SOPN 2500mcg/ml	4	NDS PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	

Drug Name	Tier	Drug Requirements/ Limits
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
EGRIFTA WR KIT 11.6mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
<i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
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
ORLISSA TABS 150mg, 200mg	4	NDS 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	3	NM PA
BENZYL SOLR 10000unit		
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SAMSCA TABS 15mg, 30mg	4	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SEPHIENCE PACK 250mg, 1000mg	4	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM PA
SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM PA
SOMATULINE DEPOT SOLN 4 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM PA
SYNAREL SOLN 2mg/ml	4	NDS PA
TEPEZZA SOLR 500mg	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tolvaptan (hyponatremia)</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 30</i> & 15 mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 45</i> & 15 mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 60</i> & 30 mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 90</i> & 30 mg	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
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	4	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
<b>PROGESTINS</b>		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
<b>THYROID AGENTS</b>		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> (generic of CYTOMEL) TABs 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>GASTROINTESTINAL ANTIEMETICS</b>					
AKYNZEO CAP 300-0.5	3	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA
AKYNZEO INJ 235-0.25	3	NM	PA applies if 65 years and older after a 30 day supply in a calendar year		
AKYNZEO INJ 235- 0.25MG/20ML	3	NM	<i>metoclopramide hcl</i> SOLN 1 5mg/5ml, 5mg/ml; TBDP 5mg	1	
APONVIE EMUL 32mg/4.4ml	3		<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D	<i>ondansetron</i> TBDP 16mg	4	NDS B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D	<i>ondansetron hcl</i> SOLN 1 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
BONJESTA TAB 20-20MG	3		<i>ondansetron hcl</i> SOLN 1 4mg/5ml; TABS 4mg, 8mg	1	B/D
CINVANTI EMUL 130mg/18ml	3		<i>palonosetron hcl</i> SOLN 1 .25mg/5ml; SOSY .25mg/5ml	1	
<i>compro</i> SUPP 25mg	1		PHENERGAN SOLN 3 25mg/ml, 50mg/ml	3	PA
DICLEGIS TAB 10-10MG	3		PA applies if 65 years and older after a 30 day supply in a calendar year		
DIMENHYDRINATE SOLN 50mg/ml	3		POSFREA SOLN .25mg/5ml	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3		<i>prochlorperazine</i> SUPP 25mg	1	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
EMEND SOLR 150mg	3		<i>promethazine hcl</i> SOLN 1 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA
EMEND SUSR 125mg/5ml	4	NDS B/D	PA applies if 65 years and older after a 30 day supply in a calendar year		
EMEND BIPACK CAPS 80mg	3	B/D	<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 2 25mg/ml, 50mg/ml	2	PA
EMEND TRIPAC CAP 125 & 80	3	B/D	PA applies if 65 years and older after a 30 day supply in a calendar year		
FOCINVEZ SOLN 150mg/50ml	3		<i>promethazine hcl</i> SUPP 3 12.5mg, 25mg	3	PA
<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1		PA applies if 65 years and older after a 30 day supply in a calendar year		
GIMOTI SOLN 15mg/act	4	NDS PA			
<i>granisetron hcl</i> SOLN 1 1mg/ml, 4mg/4ml	1				
<i>granisetron hcl</i> TABS 1mg	1	B/D			
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL			

Drug Name	Drug Requirements/ Tier	Limits
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days)	3	QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
<b>ANTISPASMODICS</b>		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml	3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	4 1	NDS QL
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<b>LAXATIVES</b>		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl</i> TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alose tron hcl</i> TABS .5mg QL (60 tabs / 30 days)	1	QL PA
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
CREON CAP 3000UNIT	2		PANCREAZE CAP 16800UNT	3	
CREON CAP 6000UNIT	2		PANCREAZE CAP 21000UNT	3	
CREON CAP 12000UNT	2		PANCREAZE CAP 37000	3	
CREON CAP 24000UNT	2		PERTZYE CAP 4000UNIT	3	
CREON CAP 36000UNT	2		PERTZYE CAP 8000UNIT	3	
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	1		PERTZYE CAP 16000U	3	
CYTOTEC TABS 100mcg, 200mcg	3		PERTZYE CAP 24000U	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3		REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM PA
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3		RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	4	NDS QL PA
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA	RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
GASTROCROM CONC 100mg/5ml	4	NDS	RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
GATTEX KIT 5mg	4	NDS NM PA	SUCRAID SOLN 8500unit/ml <i>sucrafate</i> (generic of CARAFATE) TABS 1gm	4	NDS NM PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA	SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL	TALICIA CAP	3	
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA	TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA	<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
LOMOTIL TAB 2.5MG	3		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
<i>loperamide hcl</i> CAPS 2mg	1		VIBERZI TABS 75mg, 100mg	4	NDS PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL	VIOKACE TAB 10440	3	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1		VIOKACE TAB 20880	4	NDS
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL	VOQUEZNA PAK DUAL PAK QL (2 kits / year)	2	QL PA
PANCREAZE CAP 2600UNIT	3		VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA
PANCREAZE CAP 4200UNIT	3		VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
PANCREAZE CAP 10500UNT	3		XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA
			XIFAXAN TABS 550mg	4	NDS PA
			ZENPEP CAP 3000UNIT	2	
			ZENPEP CAP 5000UNIT	2	
			ZENPEP CAP 10000UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NAACL SOL 40MG/100	3	
PANTOPR/NAACL SOL 80MG/100	3	

Drug Name	Drug Requirements/ Tier	Limits
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg 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	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	2	QL
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>VAGINAL ANTI-INFECTIVES</b>					
CLEOCIN CREA 2%; SUPP 100mg	3		<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
CLINDESSE CREA 2%	3		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
GYNAZOLE-1 CREA 2%	3		FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
<i>metronidazole vaginal</i> GEL .75%	1		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
<i>miconazole 3</i> SUPP 200mg	1		HEP SOD/D5W INJ 20000UNT	3	
NUVESSA GEL 1.3%	3		HEP SOD/D5W INJ 25000UNT	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1		HEP SOD/NACL INJ 12500UNT	2	
VANAZOLE GEL .75%	3		HEP SOD/NACL INJ 25000UNT	2	
XACIATO GEL 2%	3		HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<b>HEMATOLOGIC ANTICOAGULANTS</b>					
ARIXTRA SOLN 2.5mg/0.5ml	3		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS	HEPARIN/NACL INJ 25000UNT	2	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL	<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL	LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	2	QL			
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL			
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL			
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	2	QL			
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	2	QL			
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	2	QL			
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL			

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
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
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
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
<b>MISCELLANEOUS</b>		
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
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (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
<i>cilostazol</i> 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

Drug Name	Drug Requirements/ Tier	Limits
DROXIA CAPS 200mg, 300mg, 400mg	3	
EKTERLY TABS 300mg QL (12 tabs / 30 days)	4	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
EPYSQLI SOLN 300mg/30ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
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
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
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 <i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS NM PA NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PLAVIX TABS 75mg	3		ENBREL SOSY 25mg/0.5ml	4	NDS QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		QL (16 syringes / 28 days)		
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1		ENBREL SOSY 50mg/ml	4	NDS QL NM PA
<b>IMMUNOLOGIC AGENTS</b>			QL (8 syringes / 28 days)		
<b>AUTOIMMUNE AGENTS</b>			ENBREL MINI SOCT	4	NDS QL NM PA
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	4	NDS QL NM PA	50mg/ml		
QL (6 autoinjectors / 28 days)			QL (8 cartridges / 28 days)		
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	4	NDS QL NM PA	ENBREL SURECLICK SOAJ	4	NDS QL NM PA
QL (6 syringes / 28 days)			50mg/ml		
ADBRY SOAJ 300mg/2ml	4	NDS QL NM PA	QL (8 pens / 28 days)		
QL (28 pens / 365 days)			HADLIMA SOSY	4	NDS QL NM PA
ADBRY SOSY 150mg/ml	4	NDS QL NM PA	40mg/0.4ml, 40mg/0.8ml		
QL (56 syringes / 365 days)			QL (6 syringes / 28 days)		
AVSOLA SOLR 100mg	4	NDS NM PA	HADLIMA PUSHTOUCH	4	NDS QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	4	NDS QL NM PA	SOAJ 40mg/0.4ml, 40mg/0.8ml		
QL (2 pens / 28 days)			QL (6 autoinjectors / 28 days)		
BIMZELX SOSY 160mg/ml, 320mg/2ml	4	NDS QL NM PA	HUMIRA PSKT 10mg/0.1ml	4	NDS QL NM PA
QL (2 syringes / 28 days)			QL (2 syringes / 28 days)		
CIBINQO TABS 50mg, 100mg, 200mg	4	NDS QL NM PA	HUMIRA PSKT 20mg/0.2ml	4	NDS QL NM PA
QL (30 tabs / 30 days)			QL (4 syringes / 28 days)		
DUPIXENT SOAJ	4	NDS QL NM PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	NDS QL NM PA
200mg/1.14ml, 300mg/2ml			QL (6 syringes / 28 days)		
QL (4 pens / 28 days)			HUMIRA PEN AJKT	4	NDS QL NM PA
DUPIXENT SOSY	4	NDS QL NM PA	40mg/0.4ml, 40mg/0.8ml		
200mg/1.14ml, 300mg/2ml			QL (6 pens / 28 days)		
QL (4 syringes / 28 days)			HUMIRA PEN AJKT	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml	4	NDS QL NM PA	80mg/0.8ml		
QL (20 pens / 365 days)			QL (4 pens / 28 days)		
EBGLYSS SOSY 250mg/2ml	4	NDS QL NM PA	HUMIRA PEN KIT PS/UV	4	NDS QL NM PA
QL (20 syringes / 365 days)			QL (3 pens / 28 days)		
ENBREL SOLN 25mg/0.5ml	4	NDS QL NM PA	HUMIRA PEN-CD/UC/HS	4	NDS QL NM PA
QL (16 vials / 28 days)			START AJKT 80mg/0.8ml		
			QL (3 pens / 28 days)		
			KINERET SOSY	4	NDS QL NM PA
			100mg/0.67ml		
			QL (28 syringes / 28 days)		
			NEMLUVIO AUIJ 30mg	4	NDS QL NM PA
			QL (2 pens / 28 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA	STELARA SOLN 130mg/26ml	4	NDS NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA	TREMFYA SOLN 200mg/20ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA	TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA	USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA	USTEKINUMAB SOLN 130mg/26ml	4	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA	USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days)	4	NDS QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA	GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>					
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1		GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM
JYLAMVO SOLN 2mg/ml	3	B/D	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL	HYQVIA INJ 2.5-200	4	NDS NM PA
<i>methotrexate sodium</i> TABS 2.5mg	1		HYQVIA INJ 5-400	4	NDS NM PA
PLAQUENIL TABS 200mg	3		HYQVIA INJ 10-800	4	NDS NM PA
SOVUNA TABS 200mg, 300mg	3		HYQVIA INJ 20-1600	4	NDS NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HYQVIA INJ 30-2400	4	NDS NM PA
XATMEP SOLN 2.5mg/ml	3	B/D	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
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA	QIVIGY SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 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			

Drug Name	Drug Requirements/ Tier	Limits
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
<b>IMMUNOMODULATORS</b>		
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
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml 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

Drug Name	Drug Requirements/ Tier	Limits
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
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS 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

Drug Name	Drug Requirements/ Tier	Limits
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
<i>tacrolimus</i> (generic of ASTAGRAF XL) CP24 5mg	4	NDS B/D NM
<i>tacrolimus</i> (generic of ASTAGRAF XL) CP24 .5mg, 1mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
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	

Drug Name	Drug Requirements/ Tier	Limits
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>			
D2.5W/NAACL INJ 0.45%	3	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
D5W/LYTES INJ #48	3	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
D5W/NAACL INJ 0.2%	1	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1
D5W/NAACL INJ 0.3%	3	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
D5W/NAACL INJ 0.9%	3	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	1
D5W/NAACL INJ 0.45%	1	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj (generic of KCL 0.3%/D5W/NAACL 0.9%)</i>	1
D10W/NAACL INJ 0.2%	2	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj (generic of KCL 0.3%/D5W/NAACL 0.45%)</i>	1
D10W/NAACL INJ 0.45%	1	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1
<i>dextrose 5% in lactated ringers</i>	1	KCL/D5W/LACT INJ 20MEQ/L	3
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	KCL/D5W/NAACL INJ 0.3/0.9%	3
<i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	KCL/D5W/NAACL INJ 0.15/0.2	1
<i>dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	KCL/D5W/NAACL INJ 0.15/0.45	3
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	LACTATED RIN INJ	3
DW5-NAACL INJ 0.225%	3	<i>lactated ringer's solution (generic of LACTATED RINGERS)</i>	1
ISOLYTE-P INJ /D5W	3	MAGNESIUM SULFATE	2
ISOLYTE-S INJ	3	SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	
ISOLYTE-S INJ PH 7.4	3		
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj (generic of KCL 0.075%/D5W/NAACL 0.45%)</i>	1		
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1		
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	2		KLOR-CON 10 TBCR 10meq	1	
<i>magnesium sulfate</i> SOLN 3gm/100ml, 4gm/50ml	2		<i>klor-con m10</i> TBCR 10meq	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2		<i>klor-con m15</i> TBCR 15meq	1	
MG SO4/D5W INJ 10MG/ML	2		<i>klor-con m20</i> TBCR 20meq	1	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	1		M-NATAL PLUS TAB	2	
PLASMA-LYTE INJ -A	3		POKONZA PACK 10meq	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3		POKONZA PACK 15meq	4	NDS
POT CHL 20MEQ/L IN NACL 0.45% INJ	3		<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3		<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	1	
POT CHL/D5W INJ 20MEQ/L	3		<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
<i>potassium chloride</i> SOLN 2meq/ml	1		PRENATAL TAB 27-1MG	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3		PRENATAL TAB PLUS	2	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	1		WESTAB PLUS TAB 27-1MG	2	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1		<b>IV NUTRITION</b>		
TPN ELECTROL INJ	3	B/D	<i>aminosyn ii soln 15%</i>	1	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			AMINOSYN INJ 10%	3	B/D
<i>klor-con</i> PACK 20meq	1		AMINOSYN-PF INJ 7%	3	B/D
KLOR-CON 8 TBCR 8meq	1		AMINOSYN-PF INJ 10%	3	B/D
<i>klor-con 8</i> (generic of KLOR-CON 8) TBCR 8meq	1		CLINIMIX E INJ 2.75/D5W	3	B/D
<i>klor-con 10</i> TBCR 10meq	1		CLINIMIX E INJ 4.25/D5W	3	B/D
			CLINIMIX E INJ 4.25/D10	3	B/D
			CLINIMIX E INJ 5%/D15W	3	B/D
			CLINIMIX E INJ 5%/D20W	3	B/D
			CLINIMIX E INJ 8/10	3	B/D
			CLINIMIX E INJ 8/14	3	B/D
			CLINIMIX INJ 4.25/D5W	3	B/D
			CLINIMIX INJ 4.25/D10	3	B/D
			CLINIMIX INJ 5%/D15W	3	B/D
			CLINIMIX INJ 5%/D20W	3	B/D
			CLINIMIX INJ 6/5	3	B/D
			CLINIMIX INJ 8/10	3	B/D
			CLINIMIX INJ 8/14	3	B/D
			<i>clinisol sf 15%</i>	1	B/D
			CLINOLIPID EMU 20%	3	B/D
			<i>dextrose</i> SOLN 5%	1	
			<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate- tobramycin ophth susp 0.5- 0.3% (generic of ZYLET)</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
<b>ANTI-INFECTIVES</b>		
AZASITE SOLN 1%	3	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl</i> SUSP .6%	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVIY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
<b>ANTI-INFLAMMATORIES</b>		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
BYQLOVI SUSP .05%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTE MAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIATE SOLN .24%	3	
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM 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	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	4	NDS NM PA
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM PA
XIIDRA SOLN 5%	2	

**OTIC****OTIC AGENTS**

<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS 0.2-1%OT	3	
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i> (generic of CIPRO HC)	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>					
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL	SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL	<i>tiotropium bromide</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL	<b>ANTI-HISTAMINE COMBINATIONS</b>		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL	<i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL	CLARINEX-D TAB 2.5-120	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D	<i>promethazine &amp;</i> <i>phenylephrine syrup 6.25-5</i> <i>mg/5ml</i> PA applies if 65 years and older	2	PA
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL	RYALTRIS SPR 665-25 QL (31 gm / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL	<b>ANTI-HISTAMINES</b>		
<b>ANTICHOLINERGICS</b>			<i>azelastine hcl</i> SOLN .1%	1	
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL	<i>carbinoxamine maleate</i> SOLN 4mg/5ml; SUER 4mg/5ml PA applies if 65 years and older	3	PA
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL	<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	PA
<i>ipratropium bromide</i> SOLN .02%	1	B/D	<i>carbzah</i> SOLN 4mg/5ml PA applies if 65 years and older	3	PA
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1		<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
<i>ipratropium bromide hfa</i> (generic of ATROVENT HFA) AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL	CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL	<i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older	2	PA
			CLEMSZA TABS 2.68mg PA applies if 65 years and older	4	NDS PA

Drug Name	Drug Requirements/ Tier Limits	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TDBP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>LEUKOTRIENE MODULATORS</b>					
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1		GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NDS NM PA
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3		KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA
<i>zafirlukast</i> TABS 10mg, 20mg	1		KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<b>MISCELLANEOUS</b>					
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D	<i>nintedanib esylate</i> (generic of OFEV) CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA	OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA	OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA	ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA	ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D	ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS	<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1		<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1		<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>epinephrine</i> (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1		<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3		PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3		PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
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
THEO-24 CP24 100mg, 200mg, 300mg, 400mg <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	3 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
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 bottles / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
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
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>brey</i> na (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL	<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL	ACZONE GEL 7.5% QL (90 gm / 30 days)	3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL	<i>adapalene</i> CREA .1% QL (45 gm / 30 days)	1	QL PA
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL	<i>adapalene</i> (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days)	1	QL PA
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL	ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> QL (45 gm / 30 days)	1	QL PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL	<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<b>TOPICAL DERMATOLOGY, ACNE</b>			AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA	ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA	ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL	AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
			BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
			<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
			CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
			<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
			CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
			<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier Limits	
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	QL PA
QL (45 gm / 30 days)		
<i>tretinoin microsphere</i> GEL .04%, .1%	1	QL PA
QL (50 gm / 30 days)		
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08%	1	QL PA
QL (50 gm / 30 days)		
<i>twice-daily clindamycin phosphate</i> (topical) GEL 1%	1	QL
QL (60 gm / 30 days)		
TWYNEO CRE 0.1-3%	3	QL PA
QL (30 gm / 30 days)		
WINLEVI CREA 1%	3	QL PA
QL (60 gm / 30 days)		
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL	3	QL PA
QL (60 gm / 30 days)		
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1%	1	QL
QL (30 gm / 30 days)		
<i>mupirocin</i> OINT 2%	1	QL
QL (220 gm / 30 days)		
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	QL
QL (453.6 gm / 30 days)		
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> GEL .77%	1	QL
QL (100 gm / 30 days)		
<i>ciclopirox</i> SHAM 1%	1	QL
QL (120 mL / 30 days)		
<i>ciclopirox olamine</i> CREA .77%	1	QL
QL (90 gm / 30 days)		
<i>ciclopirox olamine</i> SUSP .77%	1	QL
QL (60 mL / 30 days)		

Drug Name	Drug Requirements/ Tier Limits	
<i>clotrimazole</i> (topical) CREA 1%	1	QL
QL (45 gm / 30 days)		
<i>clotrimazole</i> (topical) SOLN 1%	1	QL
QL (60 mL / 30 days)		
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL
QL (45 gm / 30 days)		
<i>econazole nitrate</i> CREA 1%	1	QL
QL (85 gm / 30 days)		
EXELDERM CREA 1%	3	QL PA
QL (60 gm / 30 days)		
EXELDERM SOLN 1%	3	QL PA
QL (30 mL / 30 days)		
JUBLIA SOLN 10%	4	NDS QL
QL (8 mL / 30 days)		
<i>ketconazole</i> (topical) CREA 2%	1	QL
QL (60 gm / 30 days)		
<i>ketconazole</i> (topical) SHAM 2%	1	QL
QL (120 mL / 30 days)		
<i>klayesta</i> POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%	1	QL PA
QL (50 gm / 30 days)		
<i>naftifine hcl</i> CREA 1%	1	QL
QL (90 gm / 30 days)		
<i>naftifine hcl</i> CREA 2%	1	QL
QL (60 gm / 30 days)		
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	QL
QL (60 gm / 30 days)		
NAFTIN GEL 2%	3	QL
QL (60 gm / 30 days)		
<i>nyamyc</i> POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
<i>nystatin</i> (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL
QL (30 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> 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
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	4	NDS QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	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
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> ( <i>topical</i> ) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> ( <i>topical</i> ) LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> <i>augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> <i>augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SHAM .05% QL (236 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PRAMOSONE CRE 1-1%	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
SYNALAR CREA .025%; OINT .025%	3	QL
QL (120 gm / 30 days)		
tovet FOAM .05%	1	QL
QL (100 gm / 30 days)		
triamcinolone acetone (topical) CREA .025%, .1%, .5%	1	QL
QL (454 gm / 30 days)		
triamcinolone acetone (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL
QL (454 gm / 30 days)		
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
DYCLOPRO SOLN .5%	3	
glydo PRSY 2%	1	QL PA
QL (60 mL / 30 days)		
lidocaine OINT 5%	1	QL PA
QL (50 gm / 30 days)		
lidocaine (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
lidocaine hcl SOLN 4%	1	QL PA
QL (50 mL / 30 days)		
lidocaine-prilocaine cream 2.5-2.5%	1	B/D QL
QL (30 gm / 30 days)		
lidocan (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
QUTENZA KIT 8% 1-PCH	4	NDS QL NM PA
QL (4 patches / 90 days)		
QUTENZA KIT 8% 2-PCH	4	NDS QL NM PA
QL (4 patches / 90 days)		
QUTENZA KIT 8% 4-PCH	4	NDS QL NM PA
QL (4 patches / 90 days)		
tridacaine ii (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
ZTLIDO PTCH 1.8%	3	QL PA
QL (3 patches / 1 day)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>HYFTOR GEL</i> .2% QL (20 gm / 25 days)	4	NDS QL NM PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>KLISYRI OINT</i> 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>METROCREAM</i> CREA .75% QL (45 gm / 30 days)	3	QL PA
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL
<i>MIRVASO GEL</i> .33% QL (30 gm / 30 days)	3	QL PA
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
<i>NORITATE</i> CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
<i>OPZELURA</i> CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
<i>ORACEA</i> CPDR 40mg	3	
<i>PANRETIN GEL</i> .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>PROCTOFOAM AER</i> HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>QBREXZA PADS</i> 2.4% QL (30 cloths / 30 days)	3	QL PA
<i>RECTIV OINT</i> .4% QL (30 gm / 30 days)	3	QL
<i>RHOFADE</i> CREA 1% QL (30 gm / 30 days)	3	QL
<i>SOFDRA GEL</i> 12.45% QL (50 mL / 30 days)	3	QL NM PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
<i>TARGRETIN GEL</i> 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>VALCHLOR GEL</i> .016% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>XERESE</i> CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
<i>YCANTH</i> SOLN .7% QL (30 gm / 30 days)	3	NM PA
<i>ZELSUVM</i> GEL 10.3% QL (30 gm / 30 days)	4	NDS PA
<i>ZILXI</i> FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
<i>ZORYVE</i> CREA .05%, .15% QL (60 gm / 30 days)	3	QL PA
<i>ZOVIRAX OINT</i> 5% QL (30 gm / 30 days)	3	QL
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>ELIMITE</i> CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>NATROBA</i> SUSP .9% QL (59 mL / 30 days)	3	
<i>OVIDE</i> LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9% QL (180 gm / 30 days)	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>SANTYL OINT</i> 250unit/gm QL (180 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> ( <i>mouth-throat</i> ) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl</i> ( <i>mouth-throat</i> ) SOLN 2%	1	
<i>nystatin</i> ( <i>mouth-throat</i> ) (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> ( <i>oral</i> ) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> ( <i>mouth</i> ) PSTE .1%	1	

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<i>jencycla</i> .....	69	KALETRA SOL .....	10	<i>kcl 20 meq/l (0.15%) in</i>	
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500 .....	65	.....	10	<i>0.45% inj</i> .....	92
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2.5-1000MG .....	65	KAPSPARGO SPRINKLE		<i>dextrose 5% &amp; nacl</i>	
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JORNAY PM .....	54	KCL/D5W/NACL INJ		<i>kcl 40 meq/l (0.3%) in</i>	
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<i>juleber</i> .....	69	0.15/0.45 .....	92	<i>kcl 40 meq/l (0.3%) in nacl</i>	
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.....	74	<i>see kcl 40 meq/l (0.3%)</i>		<i>see roweepra</i> .....	50
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.....	74	0.45% inj.....	92	<i>see levetiracetam</i> .....	48
JYNARQUE PAK 60-30MG		KCL 0.3%/D5W/NACL		KERENDIA.....	26
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JYNARQUE PAK 90-30MG		<i>see kcl 40 meq/l (0.3%)</i>		<i>ketoconazole (topical)</i> ...	103
.....	74	<i>in dextrose 5% &amp; nacl</i>		<i>ketorolac tromethamine</i> ....	1
JYNNEOS .....	91	0.9% inj.....	92	<i>ketorolac tromethamine</i>	
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