

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<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	DAYPRO TABS 600mg	3	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL	<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1		<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>diflunisal</i> TABS 500mg	1	
KRYSTEXXA SOLN 8mg/50ml, 8mg/ml	4	NDS NM PA	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL	<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>probenecid</i> TABS 500mg	1		<i>flurbiprofen</i> TABS 100mg	1	
ULORIC TABS 40mg, 80mg	3	PA	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
MISCELLANEOUS			<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA	<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>nabumetone</i> TABS 500mg, 750mg	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
NSAIDS			NSAIDS		
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
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<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
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> 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 5-300 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 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>hydrocodone-acetaminophen tab 7.5-300 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 7.5-325 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 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>codeine sulfate TABS 30mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 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 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL	<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl SOLN 4mg/ml, 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>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>hydrocodone-acetaminophen soln 10-325 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			

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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 5-325 mg/5ml</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 2.5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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>trexiz</i> QL (300 caps / 30 days)	1	QL

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
<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
BLUJEP A TABS 750mg	2	
CAYSTON SOLR 75mg	4	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3		<i>gentamicin in saline inj 2 mg/ml</i>	1	
CLINDMYC/NAC INJ 600/50ML	3		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
CLINDMYC/NAC INJ 900/50ML	3		HUMATIN CAPS 250mg	4	NDS
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
COLY-MYCIN M SOLR 150mg	3		<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
<i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg	4	NDS	IMPAVIDO CAPS 50mg	4	NDS PA
DALVANCE SOLR 500mg	4	NDS	<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>dapsone</i> TABS 25mg, 100mg	1		<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
DAPTOMY/NACL INJ 350/50ML	3		KIMYRSA SOLR 1200mg	4	NDS
DAPTOMY/NACL INJ 500/50ML	3		KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS	LIKMEZ SUSP 500mg/5ml	3	
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>daptomycin</i> SOLR 500mg	4	NDS	<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
EMBLAVEO INJ 2GM	4	NDS	<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL	LINEZOLID INJ 2MG/ML	3	
<i>ertapenem sodium</i> SOLR 1gm	1		MACROBID CAPS 100mg	3	
			MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
			MEROP/NACL INJ 1GM/50ML	3	
			MEROP/NACL INJ 500/50ML	3	

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<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	
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS

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STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	4	NDS
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole- trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	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	

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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		<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days)	1	QL	CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<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, 200mg	1	
VIBATIV SOLR 750mg	4	NDS	<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	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>fulvicin p/g 165</i> TABS 165mg	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
ANTIFUNGALS			<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
AMBISOME SUSR 50mg	4	NDS B/D	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amphotericin b</i> SOLR 50mg	1	B/D	<i>itraconazole</i> SOLN 10mg/ml	4	NDS
			<i>ketoconazole</i> TABS 200mg	1	PA
			MICAFUNGIN SOLR 50mg, 100mg	4	NDS
			<i>micalfungin sodium</i> SOLR 50mg, 100mg	1	
			MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
			MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	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
SPORANOX CAPS 100mg QL (120 caps / 30 days)	3	QL
<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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
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>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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<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
ANTITUBERCULAR AGENTS		
<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	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
ANTIVIRALS		
<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> (generic of TAMIFLU) CAPS 45mg, 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
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR 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
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg	4	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ZEVTERA SOLR 500mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	1	
<i>azithromycin</i> SUSR 100mg/5ml; TABS 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	4	NDS
ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	AUGMENTIN SUS 125/5ML	3
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	AUGMENTIN SUS ES-600	3
PENICILLINS		AUGMENTIN TAB 500MG	3
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	BICILLIN C-R INJ 900/300	3
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	BICILLIN C-R INJ 1200000	3
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1	NAFCILLIN INJ 2GM/100	4 NDS
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	<i>nafcillin sodium SOLR 10gm</i>	4 NDS
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	OXACILLIN INJ 2GM	3
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1
<i>ampicillin CAPS 500mg</i>	1	PEN GK/DEXTR INJ 40000/ML	3
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1	PEN GK/DEXTR INJ 60000/ML	3
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1	<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1	<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	PIP/TAZ/NAACL INJ 2-0.25GM	3
		PIP/TAZ/NAACL INJ 3-0.375G	3
		PIP/TAZ/NAACL INJ 4-0.5GM	3
		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
		<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

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
UNASYN INJ 1.5GM	3		<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D
UNASYN INJ 3GM	3		<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
UNASYN INJ 15GM	3		CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
ZOSYN SOL 2-0.25GM	3		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
ZOSYN SOL 3-0.375G	3		<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
ZOSYN SOL 4-0.50GM	3		CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
TETRACYCLINES			CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1		FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
<i>doxy 100</i> SOLR 100mg	1		GLEOSTINE CAPS 10mg, 40mg	3	NM
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1		GLEOSTINE CAPS 100mg	4	NDS NM
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1		GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1		IFEX SOLR 3gm	3	B/D
NUZYRA SOLR 100mg	4	NDS NM	<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM	IFOSFAMIDE SOLR 3gm	3	B/D
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1		KYXATA SOLN 80mg/8ml, 500mg/50ml	4	NDS B/D NM
TIGECYCLINE SOLR 50mg	4	NDS	LEUKERAN TABS 2mg	4	NDS PA
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1		<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
TYGACIL SOLR 50mg	4	NDS	<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	4	NDS NM
XERAVAL SOLR 50mg, 100mg	3		<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
ANTINEOPLASTIC AGENTS			<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D
ALKYLATING AGENTS			TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM	VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM	ZEPZELCA SOLR 4mg	4	NDS NM PA
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			

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMMUNOMODULATORS		
<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
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
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
<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 2mg/ml	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

Drug Name	Drug Requirements/ Tier	Limits
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
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
BEIZRAY CONC 20mg/ml	3	B/D NM
BEIZRAY INJ 80MG/4ML	4	NDS B/D NM
BEIZRAY INJ 160/8ML	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BLENREP SOLR 70mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
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
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 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
DATROWAY SOLR 100mg	4	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
EMRELIS SOLR 20mg, 100mg	4	NDS NM PA
ENHERTU SOLR 100mg	4	NDS NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	4	NDS QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
FYARRO SUSR 100mg	4	NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERCESSI SOLR 150mg, 420mg	4	NDS NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	4	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	4	NDS QL NM PA
KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	4	NDS QL NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 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
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA	MARGENZA SOLN 250mg/10ml	4	NDS NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA	MONJUVI SOLR 200mg	4	NDS NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA	MYLOTARG SOLR 4.5mg	4	NDS NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 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
LUMAKRAS TABS 240mg QL (120 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
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	4	NDS NM PA	OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA	RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA	RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA	REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
OPDUALAG SOL	4	NDS NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA	RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
PHESGO SOL	4	NDS NM PA	RYBREVANT INJ FASPRO	4	NDS NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
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
TAGRISSE 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
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA	VELCADE SOLR 3.5mg	4	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA

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

Drug Name	Tier	Drug Requirements/ Limits
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

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

Drug Name	Drug Requirements/ Tier Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ALDOSTERONE RECEPTOR ANTAGONISTS					
ALDACTONE TABS 25mg, 50mg, 100mg	3		<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
CAROSPIR SUSP 25mg/5ml	3		QL (30 tabs / 30 days)		
<i>eplerenone</i> TABS 25mg, 50mg	1		<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
INSPIRA TABS 25mg, 50mg	3		QL (30 tabs / 30 days)		
KERENDIA TABS 10mg, 20mg, 40mg	2	QL	<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		QL (30 tabs / 30 days)		
ALPHA BLOCKERS					
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1		QL (30 tabs / 30 days)		
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1		<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1		QL (30 tabs / 30 days)		
TEZRULY SOLN 1mg/ml	3	QL ST	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (600 mL / 30 days)			QL (30 tabs / 30 days)		
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
			ATACAND HCT TAB 16-12.5	3	QL
			QL (60 tabs / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & 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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL	JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	LOVAZA CAP 1GM	3	PA
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL	NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST	NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
ANTILIPEMICS, MISCELLANEOUS			<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		<i>omega-3-acid ethyl esters cap</i> 1 gm (generic of LOVAZA)	1	PA
<i>cholestyramine light</i> PACK 4gm	1		<i>prevalite</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		QUESTRAN PACK 4gm; POWD 4gm/dose	3	
COLESTID GRAN 5gm; TABS 1gm	3		QUESTRAN LIGHT POWD 4gm/dose	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1		REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA
<i>colestipol hcl</i> PACK 5gm	1		REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM PA	VASCEPA CAPS .5gm, 1gm	2	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL	VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	WELCHOL PACK 3.75gm; TABS 625mg	3	
			ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
			BETA-BLOCKER/DIURETIC COMBINATIONS		
			<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1	

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	1		INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1		KASPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1		<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1		LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1		<i>metoprolol succinate (generic of TOPROL XL)</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1		<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1		<i>metoprolol tartrate (generic of LOPRESSOR)</i> TABS 50mg, 100mg	1	
BETA-BLOCKERS			<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>nebivolol hcl (generic of BYSTOLIC)</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>atenolol (generic of TENORMIN)</i> TABS 25mg, 50mg, 100mg	1		<i>nebivolol hcl (generic of BYSTOLIC)</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>betaxolol hcl</i> TABS 10mg, 20mg	1		<i>pindolol</i> TABS 5mg, 10mg	1	
<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1		<i>propranolol hcl (generic of INDERAL LA)</i> CP24 60mg, 80mg, 120mg, 160mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL	<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL	<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
<i>carvedilol (generic of COREG)</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
<i>carvedilol phosphate (generic of COREG CR)</i> CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL	CALCIUM CHANNEL BLOCKERS		
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		<i>amlodipine besylate (generic of NORVASC)</i> TABS 2.5mg, 5mg, 10mg	1	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4	NDS QL	CARDAMYST SOLN 70mg/dose	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release</i> <i>beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl iv soln 20</i> <i>mg/200ml in sodium chloride</i> 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
<i>nicardipine hcl iv soln 40</i> <i>mg/200ml in sodium chloride</i> 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	4	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg	1	
<i>nisoldipine</i> TB24 34mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<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	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &</i> <i>hydrochlorothiazide tab 5-50</i> <i>mg</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
EDECRIN TABS 25mg	4	NDS
ENBUMYST SOLN .5mg/0.1ml	4	NDS
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormalvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOANZ TABS 40mg	3	
<i>spironolactone</i> & <i>hydrochlorothiazide tab</i> 25-25 mg	1	
THALITONE TABS 15mg	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5- 25 mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 37.5- 25 mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 2.5- 10 mg	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 2.5- 20 mg	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 2.5- 40 mg	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 5-10 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 5-20 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 5-40 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 5-80 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 10-10 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 10-20 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 10-40 mg (generic of CADUET)	1	
<i>amlodipine besylate</i> - <i>atorvastatin calcium tab</i> 10-80 mg (generic of CADUET)	1	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA
BIDIL TAB	3	

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

Drug Name	Drug Requirements/ Tier	Limits
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSEER CAPS 250mg	4	NDS NM PA
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
<i>isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
JAVADIN SOLN .02mg/ml	3	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>methyl dopa</i> TABS 250mg, 500mg PA applies if 65 years and older	3	PA
<i>metyrosine</i> CAPS 250mg	4	NDS NM PA
<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 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL	<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA	<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA	<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA	<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA	FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM
NITRATES			LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1		OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3		ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1		ORENITRAM TBCR .125mg	3	NM PA
NITRO-BID OINT 2%	2		ORENITRAM TAB MONTH 1	4	NDS NM PA
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3		ORENITRAM TAB MONTH 2	4	NDS NM PA
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS	ORENITRAM TAB MONTH 3	4	NDS NM PA
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1		REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1		REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
NITROLINGUAL SOLN .4mg/spray	3		<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
NITROSTAT SUBL .3mg, .4mg, .6mg	3		<i>sildenafil citrate</i> (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
PULMONARY ARTERIAL HYPERTENSION			<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA			
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO REFILL KIT SOLN .6mg/ml	4	NDS NM PA
TYVASO STARTER KIT SOLN .6mg/ml	4	NDS NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TB24 .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>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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
ANTIDEPRESSANTS		
<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	
<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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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, 3 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	3	QL
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	4	NDS QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
LEXAPRO TABS 5mg, 10mg, 3 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
<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>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 65 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa cap er</i> 23.75-95 mg	1	
<i>carbidopa & levodopa cap er</i> 36.25-145 mg	1	
<i>carbidopa & levodopa cap er</i> 48.75-195 mg	1	
<i>carbidopa & levodopa cap er</i> 61.25-245 mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 <i>entacapone</i> TABS 200mg	4	NDS B/D NM
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM PA
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
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL	<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL	<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL	OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL	<i>pimozide</i> TABS 1mg, 2mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	1	QL			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL	CARBATROL CP12 100mg, 200mg, 300mg	3	
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL	CELONTIN CAPS 300mg	3	
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
ANTISEIZURE AGENTS			<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL	<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
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA	DEPAKOTE ER TB24 250mg, 500mg	3	
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	DEPAKOTE SPRINKLES CSDR 125mg	3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
BRIVIACT SOLN 50mg/5ml	3	PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1		DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1				
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1				

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST

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

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>topiramate</i> CPSP 50mg	1		<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA	VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS	VIMPAT SOLN 200mg/20ml	4	NDS
TRILEPTAL TABS 150mg	3		VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
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	VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
<i>valproic acid</i> CAPS 250mg	1		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL	XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL	XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA	ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
			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

Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> 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> 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> 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> 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, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA	RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA	XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA	<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
			<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA

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
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
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
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>ramelteon</i> (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
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA	ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA	<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL 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	FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST
<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	<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
MIGRAINE			IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST	IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	4	NDS QL NM PA	IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS	IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA	MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST	MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
			QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
			RELPA X TABS 20mg QL (12 tabs / 30 days)	3	QL ST
			RELPA X TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL	AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA	DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	4	NDS QL NM PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST	DAYBUE STIX PACK 8000mg QL (60 packets / 30 days)	4	NDS QL NM PA
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST	DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST	<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
MISCELLANEOUS			EQUETRO CP12 100mg, 200mg, 300mg	3	
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA	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

Drug Name	Drug Requirements/ Tier	Limits
<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
NUDEXTA 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	

Drug Name	Drug Requirements/ Tier	Limits
<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
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
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

Drug Name	Tier	Drug Requirements/ Limits
<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
<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 & 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

Drug Name	Tier	Drug Requirements/ Limits
<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
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

Drug Name	Tier	Drug Requirements/ Limits
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 TBDP .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
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
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 8mg	4	NDS
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; 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	
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
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 & 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	

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC ANDROGENS		
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
<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% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL	JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL	<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL	<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL			
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA	SYNJARDY XR TAB 5- 1000MG 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	SYNJARDY XR TAB 10-1000 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	SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA	TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS 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
			XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier Limits	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ANTIDIABETICS, INSULINS		
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 SOPN 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
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
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
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
<i>calcitonin (salmon) 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
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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 powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	

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 & 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	Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol</i> tab 3-0.02 mg (generic of YAZ)	1	<i>junel fe 24</i>	1
<i>drospirenone-ethinyl estradiol</i> tab 3-0.03 mg (generic of YASMIN 28)	1	<i>kaitlib fe</i>	1
<i>elinest</i>	1	<i>kariva</i>	1
<i>eluryng</i> (generic of NUVARING)	1	<i>kelnor 1/35</i>	1
<i>emzahh</i> TABS .35mg	1	<i>kurvelo</i>	1
<i>enilloring</i> (generic of NUVARING)	1	<i>larin 1.5/30</i>	1
<i>enskyce</i>	1	<i>larin 1/20</i>	1
<i>errin</i> TABS .35mg	1	<i>larin 24 fe</i>	1
<i>estarylla</i>	1	<i>larin fe 1.5/30</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	<i>larin fe 1/20</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1	<i>lessina</i>	1
<i>falmina</i>	1	<i>levonest</i>	1
<i>feirza 1.5/30</i>	1	<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1
<i>feirza 1/20</i>	1	<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
FEMLYV TAB 1/0.02MG	3	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>finzala</i>	1	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>galbriela</i>	1	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>hailey 1.5/30</i>	1	<i>levora 0.15/30-28</i>	1
<i>hailey 24 fe</i>	1	LILETTA IUD 20.1mcg/day	2 NM
<i>hailey fe 1/20</i>	1	LO LOESTRIN TAB 1-10-10	3
<i>heather</i> TABS .35mg	1	<i>loestrin 1.5/30-21</i>	1
<i>iclevia</i>	1	<i>loestrin 1/20-21</i>	1
<i>incassia</i> TABS .35mg	1	<i>loestrin fe 1.5/30</i>	1
<i>introvale</i>	1	<i>loestrin fe 1/20</i>	1
<i>isibloom</i>	1	<i>lojaimiess</i>	1
<i>jaimiess</i>	1	<i>loryna</i> (generic of YAZ)	1
<i>jasmiel</i> (generic of YAZ)	1	<i>low-ogestrel</i>	1
<i>jencycla</i> TABS .35mg	1	<i>luizza 1.5/30</i>	1
<i>jolessa</i>	1	<i>luizza 1/20</i>	1
<i>juleber</i>	1	<i>luteru</i>	1
<i>junel 1.5/30</i>	1	<i>lyleq</i> TABS .35mg	1
<i>junel 1/20</i>	1	<i>lyza</i> TABS .35mg	1
<i>junel fe 1.5/30</i>	1	<i>marlissa</i>	1
<i>junel fe 1/20</i>	1		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1		<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	1	
<i>meleya</i> TABS .35mg	1		<i>norlyroc</i> TABS .35mg	1	
<i>merzee</i> (generic of TAYTULLA)	1		<i>nortrel</i> 0.5/35 (28)	1	
<i>mibelas</i> 24 fe	1		<i>nortrel</i> 1/35 (21)	1	
<i>microgestin</i> 1.5/30	1		<i>nortrel</i> 1/35 (28)	1	
<i>microgestin</i> 1/20	1		<i>nortrel</i> 7/7/7	1	
<i>microgestin fe</i> 1.5/30	1		<i>nylia</i> 1/35	1	
<i>microgestin fe</i> 1/20	1		<i>nylia</i> 7/7/7	1	
<i>mili</i>	1		<i>orquidea</i> TABS .35mg	1	
<i>mono-lynyah</i>	1		PHEXX GEL	3	
NATAZIA TAB	3		PHEXXI GEL	3	
<i>necon</i> 0.5/35-28	1		<i>philith</i>	1	
NEXPLANON IMPL 68mg	2	NM	<i>pimtrea</i>	1	
NEXTSTELLIS TAB 3-14.2MG	3		<i>portia-28</i>	1	
<i>nikki</i> (generic of YAZ)	1		<i>reclipsen</i>	1	
<i>nora-be</i> TABS .35mg	1		<i>rivelsa</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	1		<i>rosyrah</i>	1	
<i>norethindrone</i> (contraceptive) TABS .35mg	1		SAFYRAL TAB	3	
<i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg	1		<i>setlakin</i>	1	
<i>norethindrone ace & ethinyl estradiol tab</i> 1 mg-20 mcg	1		<i>sharobel</i> TABS .35mg	1	
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	1		<i>simliya</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg	1		<i>simpesse</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab</i> 1 mg-20 mcg (24)	1		<i>sprintec</i> 28	1	
<i>norethindrone ace-ethinyl estradiol-fe cap</i> 1 mg-20 mcg (24) (generic of TAYTULLA)	1		<i>sronyx</i>	1	
<i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	1		<i>syeda</i> (generic of YASMIN 28)	1	
<i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	1		<i>tarina</i> 24 fe	1	
			<i>tarina fe</i> 1/20 eq	1	
			TAYTULLA CAP 1MG/20MC	3	
			<i>tilia fe</i>	1	
			<i>tri-estarylla</i>	1	
			<i>tri-legest fe</i>	1	
			<i>tri-lynyah</i>	1	
			<i>tri-lo-estarylla</i>	1	
			<i>tri-lo-marzia</i>	1	
			<i>tri-lo-mili</i>	1	
			<i>tri-lo-sprintec</i>	1	
			<i>tri-mili</i>	1	
			<i>tri-sprintec</i>	1	
			<i>tri-vylibra</i>	1	
			<i>tri-vylibra lo</i>	1	
			<i>turqoz</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>tydemy</i> (generic of SAFYRAL)	1
<i>valtya 1/35</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3

Drug Name	Drug Requirements/ Tier Limits
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 & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & 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
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2

Drug Name	Drug Requirements/ Tier	Limits
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS 1.25mg, 2.5mg	3	
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>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<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	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
BYNFEZIA PEN SOPN 2500mcg/ml	4	NDS PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC	3	NM PA
GONADOTROPIN SOLR 10000unit		
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg 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	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
EGRIFTA WR KIT 11.6mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
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
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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
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 FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM PA	SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA	SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	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
ORIAHNN CAP	4	NDS PA	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
ORLISSA TABS 150mg, 200mg	4	NDS PA	SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM PA
PALSONIFY TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
PALSONIFY TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM PA	STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM PA
PHEBURANE PLLT 483mg/gm	4	NDS NM PA	SYNAREL SOLN 2mg/ml	4	NDS PA
POMBILITI SOLR 105mg	4	NDS NM PA	TEPEZZA SOLR 500mg	4	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA	<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	4	NDS NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA	<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	4	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1		<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS NM PA
SAMSCA TABS 15mg, 30mg	4	NDS NM PA	VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL 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			

Drug Name	Drug Requirements/ Tier	Limits
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
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<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 SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	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

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3		CINVANTI EMUL 130mg/18ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>compro</i> SUPP 25mg	1	
VITAMIN D ANALOGS			DICLEGIS TAB 10-10MG	3	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	DIMENHYDRINATE SOLN 50mg/ml	3	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>paricalcitol</i> CAPS 4mcg	1	B/D	EMEND SOLR 150mg	3	
RAYALDEE CPCR 30mcg	4	NDS	EMEND SUSR 125mg/5ml	4	NDS B/D
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	EMEND BIPACK CAPS 80mg	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	EMEND TRIPAC PAK 125 & 80	3	B/D
GASTROINTESTINAL ANTIEMETICS			FOCINVEZ SOLN 150mg/50ml	3	
AKYNZEO CAP 300-0.5	3	B/D	<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
AKYNZEO INJ 235-0.25	3	NM	GIMOTI SOLN 15mg/act	4	NDS PA
AKYNZEO INJ 235- 0.25MG/20ML	3	NM	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
APONVIE EMUL 32mg/4.4ml	3		<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
BONJESTA TAB 20-20MG	3		<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
			<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
			<i>ondansetron</i> TBDP 16mg	4	NDS B/D
			<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
			<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days)	3	QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
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	
<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
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml	3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
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	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 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
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	3	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNIT	3	
PANCREAZE CAP 16800UNIT	3	
PANCREAZE CAP 21000UNIT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	4	NDS QL PA	<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA	<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA	<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
SUCRAID SOLN 8500unit/ml <i>sucralfate</i> (generic of CARAFATE) TABS 1gm	4	NDS NM PA	<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL	<i>esomeprazole sodium</i> SOLR 40mg	1	
TALICIA CAP	3		<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL	<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1		NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1		NEXIUM PACK 2.5mg, 5mg	3	
VIBERZI TABS 75mg, 100mg	4	NDS PA	NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
VIKACE TAB 10440	3		<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
VIKACE TAB 20880	4	NDS	PANTOPR/NACL SOL 40MG/100	3	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	2	QL PA	PANTOPR/NACL SOL 80MG/100	3	
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA	PANTOPRAZOLE SODIUM SOLR 40mg	3	
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA	<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA	<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
XIFAXAN TABS 550mg	4	NDS PA	PANTOPRAZOLE SOL 40/50ML	3	
ZENPEP CAP 3000UNIT	2		PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
ZENPEP CAP 5000UNIT	2				
ZENPEP CAP 10000UNT	2				
ZENPEP CAP 15000UNT	2				
ZENPEP CAP 20000UNT	2				
ZENPEP CAP 25000UNT	2				
ZENPEP CAP 40000UNT	2				
ZENPEP CAP 60000UNT	2				
PROTON PUMP INHIBITORS					
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST			
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL			

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
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
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) 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
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg <i>neomycin-polymyxin b gu irrigation soln</i>	3	
OXLUMO SOLN 94.5mg/0.5ml <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	4	NDS NM PA
<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
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL	<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL	VANAZOLE GEL .75%	3	
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL	XACIATO GEL 2%	3	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL	HEMATOLOGIC		
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL	ANTICOAGULANTS		
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST	ARIXTRA SOLN 2.5mg/0.5ml	3	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL	ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL	ELIQUIS CPSP .15mg QL (56 caps / 21 days)	2	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL	ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL	ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
VAGINAL ANTI-INFECTIVES			ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	2	QL
CLEOCIN CREA 2%; SUPP 100mg	3		ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	2	QL
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1		ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	2	QL
CLINDESSE CREA 2%	3		ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
GYNAZOLE-1 CREA 2%	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>metronidazole vaginal</i> GEL .75%	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>miconazole</i> 3 SUPP 200mg	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	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	XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
HEP SOD/D5W INJ 20000UNT	3		XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
HEP SOD/D5W INJ 25000UNT	3		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 12500UNT	2		XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEP SOD/NACL INJ 25000UNT	2		HEMATOPOIETIC GROWTH FACTORS		
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	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
HEPARIN/NACL INJ 25000UNT	2		FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		LEUKINE SOLR 250mcg	4	NDS NM PA
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3		MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS	NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL	<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL	PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL	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
			MISCELLANEOUS		
			ADAKVEO SOLN 100mg/10ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
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

Drug Name	Drug Requirements/ Tier	Limits
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
<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
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
PLATELET AGGREGATION INHIBITORS		
<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	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA	RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA	SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA	SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA	SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days)	4	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA	STELARA SOLN	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA	TREMFYA SOLN 200mg/20ml	4	NDS NM PA
			TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
			TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
			TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 130mg/26ml	4	NDS NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
CYTOGAM SOLN 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	PALFORZIA CAP LEVEL 10	4	NDS NM PA
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM	PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA	PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA	PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA	PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA	PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA	PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA	PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	RAGWITEK SUBL 12amba1- u	3	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA	VYVGART SOLN 400mg/20ml	4	NDS NM PA
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA	VYVGART INJ HYTRULO	4	NDS NM PA
IMMUNOMODULATORS			ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA	IMMUNOSUPPRESSANTS		
ARCALYST SOLR 220mg	4	NDS NM PA	ASTAGRAF XL CP24 5mg	4	NDS B/D NM
GRASTEK SUBL 2800bau	3	PA	ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ILARIS SOLN 150mg/ml	4	NDS NM PA	ATGAM SOLN 50mg/ml	4	NDS B/D
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	4	NDS NM PA	azasan TABS 75mg, 100mg	1	B/D
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA	azathioprine (generic of IMURAN) TABS 50mg	1	B/D
ODACTRA SUB	3	PA	azathioprine TABS 75mg, 100mg	1	B/D
PALFORZIA CAP ESCALAT	4	NDS NM PA	BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA	BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA	BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARBUS XR TB24 4mg	4	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	4	NDS B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg	1	B/D NM
<i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NDS NM PA
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
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	
MENVEO INJ	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> (generic of KCL 0.3%/D5W/NACL 0.45%)	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9%	3
KCL/D5W/NACL INJ 0.15/0.2	1
KCL/D5W/NACL INJ 0.15/0.9	3
KCL/D5W/NACL INJ 0.15/0.45	3
LACTATED RIN INJ	3
<i>lactated ringer's solution</i> (generic of LACTATED RINGERS)	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
POKONZA PACK 15meq	4	NDS
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1	
<i>potassium chloride</i> (generic of Klor-Con 8) TBCR 8meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> (generic of DEXTROSE 5%) SOLN 5%	1	
<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	2	

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

Drug Name	Drug Requirements/ Tier Limits	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> SOLN .1%	1	
<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</i> (<i>ophth</i>) (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
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	
ANTI GLAUCOMA		
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</i> 0.2-0.5% (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</i> 2-0.5% (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<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 .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	
MISCELLANEOUS		
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

Drug Name	Drug Requirements/ Tier	Limits
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	4	NDS NM PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM PA
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</i> <i>otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-hydrocortisone</i> <i>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</i> <i>otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000 unit/ml-</i> <i>1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Requirements/ Tier	Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu</i> <i>soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tiotropium bromide</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL	<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
ANTIHISTAMINE COMBINATIONS			<i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL	<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
CLARINEX-D TAB 2.5-120	3		<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
<i>promethazine & phenylephrine syrup</i> 6.25-5 mg/5ml PA applies if 65 years and older	2	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
RYALTRIS SPR 665-25 QL (31 gm / 30 days)	3	QL	<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
ANTIHISTAMINES			KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	3	PA
<i>azelastine hcl</i> SOLN .1%	1		<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; SUER 4mg/5ml PA applies if 65 years and older	3	PA	<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	PA	<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
<i>carbzah</i> SOLN 4mg/5ml PA applies if 65 years and older	3	PA	QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL	BETA AGONISTS		
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older	2	PA	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
CLEMSZA TABS 2.68mg PA applies if 65 years and older	4	NDS PA			
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA			

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>albuterol sulfate</i> 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
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
NASAL STEROIDS		
<i>flunisolide (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
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<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
STEROID/BETA-AGONIST COMBINATIONS		
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
<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 7.5% QL (90 gm / 30 days)	3	QL
adapalene (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA
adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
amnestem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
clindacin FOAM 1% QL (100 gm / 30 days)	1	QL

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

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

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

Drug Name		Drug Requirements/ Tier	Limits
<i>clotrimazole (topical)</i> SOLN 1%		1	QL
QL (60 mL / 30 days)			
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>		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 (topical)</i> CREA 2%		1	QL
QL (60 gm / 30 days)			
<i>ketconazole (topical)</i> 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 0.25-15-81.35%</i>		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 (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm		1	QL
QL (30 gm / 30 days)			
<i>nystatin (topical)</i> POWD 100000unit/gm		1	QL
QL (60 gm / 30 days)			

Drug Name		Drug Requirements/ Tier	Limits
<i>nystop</i> POWD 100000unit/gm		1	QL
QL (60 gm / 30 days)			
OXISTAT LOTN 1%		3	QL PA
QL (60 mL / 30 days)			
<i>selenium sulfide</i> LOTN 2.5%		1	
VUSION OIN		3	QL PA
QL (50 gm / 30 days)			
ZORYVE FOAM .3%		3	QL PA
QL (60 gm / 30 days)			
DERMATOLOGY, ANTIPSORIATICS			
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg		1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%		1	QL PA
QL (120 gm / 30 days)			
CALCIPOTRIENE FOAM .005%		4	NDS QL PA
QL (120 gm / 30 days)			
<i>calcipotriene</i> SOLN .005%		1	QL PA
QL (120 mL / 30 days)			
<i>calcitrene</i> OINT .005%		1	QL PA
QL (120 gm / 30 days)			
ENSTILAR AER		4	NDS QL PA
QL (120 gm / 30 days)			
<i>methoxsalen rapid</i> CAPS 10mg		4	NDS
SORILUX FOAM .005%		4	NDS QL PA
QL (120 gm / 30 days)			
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%		1	QL PA
QL (60 gm / 30 days)			
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1%		1	QL PA
QL (100 gm / 30 days)			
TAZORAC CREA .05%		3	QL PA
QL (60 gm / 30 days)			
TAZORAC GEL .05%, .1%		3	QL PA
QL (100 gm / 30 days)			
VTAMA CREA 1%		4	NDS QL PA
QL (60 gm / 30 days)			
ZORYVE CREA .3%		3	QL PA
QL (60 gm / 30 days)			
DERMATOLOGY, CORTICOSTEROIDS			
<i>ala-cort</i> CREA 1%		1	
<i>ala-scalp</i> LOTN 2%		4	NDS QL
QL (60 mL / 30 days)			

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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 LOT 1-1%	3	

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

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm QL (60 gm / 30 days)	4	NDS QL NM PA
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EMROSI CP24 40mg QL (30 caps / 30 days)	4	NDS QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOFDRA GEL 12.45% QL (50 mL / 30 days)	3	QL NM PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVM GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZORYVE CREA .05%, .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>croton</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 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 irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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<i>10-10 mg</i>34	<i>mg</i>24	<i>amoxicillin</i> 13
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<i>10-80 mg</i>34	<i>tab 10-40 mg</i>26 13
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1GM/50ML	11	2U (4-DAY)	66	<i>in d5w</i>	12
<i>cefazolin sodium</i>	11	CEQUR SIMPL MIS		<i>ciprofloxacin 400 mg/200ml</i>	
CEFAZOLIN SOLN		INSERTER	66	<i>in d5w</i>	12
2GM/100ML-4%	11	CERDELGA	73	<i>ciprofloxacin-</i>	
<i>cefdinir</i>	11	CEREZYME	73	<i>dexamethasone otic susp</i>	
CEFEPIME	11	<i>cetirizine hcl</i>	97	0.3-0.1%	96
CEFEPIME/DEX INJ 1GM		CETRAXAL		<i>ciprofloxacin hcl</i>	12
.....	11	<i>see ciprofloxacin hcl</i>		<i>ciprofloxacin hcl (ophth)</i>	94
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.....	11	<i>cevimeline hcl</i>	107	<i>ciprofloxacin-</i>	
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<i>cefixime</i>	11	<i>see varenicline tartrate</i>	63	0.2-1%	96
CEFOTAN		CHANTIX CONTINUING		CIPRO HC	
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.....	11	CHANTIX TAB 0.5& 1MG		<i>hydrocortisone otic</i>	
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CEFOXITIN INJ 1GM	11	<i>chateal eq</i>	68	CIPRO HC SUS 0.2-1%OT	
CEFOXITIN INJ 2GM	11	CHEMET	67	96
<i>cefoxitin sodium</i>	11	<i>chlordiazepoxide hcl</i>	38	<i>cisplatin</i>	14
<i>cefpodoxime proxetil</i>	11	<i>chlorhexidine gluconate</i>		CISPLATIN	
<i>cefprozil</i>	12	<i>(mouth-throat)</i>	107	<i>see cisplatin</i>	14
<i>ceftaroline fosamil</i>	12	<i>chloroquine phosphate</i>	8	<i>citalopram hydrobromide</i>	39
<i>ceftazidime</i>	12	<i>chlorpromazine hcl</i>	43	<i>cladribine (10 tabs)</i>	60
<i>ceftriaxone sodium</i>	12	<i>chlorthalidone</i>	34	<i>cladribine (4 tabs)</i>	60

<i>cladribine (5 tabs)</i>	60	<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 2.5%</i>	101	CLINIMIX INJ 5%/D20W	93
<i>cladribine (6 tabs)</i>	60	<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75%</i>	101	CLINIMIX INJ 6/5	93
<i>cladribine (7 tabs)</i>	60	<i>clindamycin phosphate- benzoyl peroxide gel 1- 5%</i>	101	CLINIMIX INJ 8/10	93
<i>cladribine (8 tabs)</i>	60	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	5	CLINIMIX INJ 8/14	93
<i>cladribine (9 tabs)</i>	60	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	5	<i>clinisol sf 15%</i>	93
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<i>maleate ophth soln 2-</i>	DUETACT TAB 30-2MG .64	<i>300 mg</i>9
<i>0.5%</i>95	DUETACT TAB 30-4MG .64	<i>efavirenz-lamivudine-</i>
<i>dorzolamide hcl-timolol</i>	DULERA AER 100-5MCG	<i>tenofovir df tab 400-300-</i>
<i>maleate pf ophth soln 2-</i>100	<i>300 mg</i>9
<i>0.5%</i>95	DULERA AER 200-5MCG	<i>efavirenz-lamivudine-</i>
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