SilverScript®
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SilverScript Employer PDP sponsored by REHP (SilverScript)

2021 Formulary
(List of Covered Drugs)

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

This formulary was updated on 02/26/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21265

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of February 26, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

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02/26/2021

What is the SilverScript Formulary?

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

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the SilverScript Formulary?"

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the SilverScript Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of February 26, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

SilverScript covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization (PA): SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

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

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

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact SilverScript Customer Care.

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

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

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to the SilverScript Formulary?

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

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

Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic/Preferred Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

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

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 30-day supply available at **any** network pharmacy)	**Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply)
Tier 1 (Generic/Preferred Generic)	$12.00	$12.00
Tier 2 (Preferred Brand)	$30.00 *	$30.00 *
Tier 3 (Non-Preferred Brand)	$60.00 *	$60.00 *

*Plus the cost difference between brand and generic, if one exists.

Costs shown in the table above reflect the additional coverage that may be provided by REHP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from REHP would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit ***https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php*** for more information about the 2021 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization.
QL	Drug has Quantity Limits.
ST	Step Therapy required.
NM	Not available at our mail-order pharmacies.
NDS	Non-extended day supply. Not available for an extended (long-term) supply.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GC	We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol (generic of ZYLOPRIM) TABS 100mg, 300mg	1	
colchicine (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL
probenecid TABS 500mg	1	
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	1	QL
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
diflunisal TABS 500mg	1	
ec-naproxen (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
etodolac (generic of LODINE) TABS 400mg	1	
flurbiprofen TABS 100mg	1	
ibu TABS 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ketoprofen CAPS 25mg	3	NDS
ketoprofen CAPS 50mg, 75mg	1	
ketoprofen CP24 200mg	1	PA
meclofenamate sodium CAPS 50mg, 100mg	1	
meloxicam (generic of MOBIC) TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg	1	
naproxen (generic of NAPROSYN) TABS 500mg	1	
naproxen (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
naproxen sodium TABS 275mg	1	
naproxen sodium (generic of ANAPROX DS) TABS 550mg	1	
oxaprozin (generic of DAYPRO) TABS 600mg	1	
piroxicam (generic of FELDENE) CAPS 10mg, 20mg	1	
sulindac TABS 150mg, 200mg	1	
tolmetin sodium CAPS 400mg; TABS 600mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
fentanyl (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
fentanyl PT72 37.5mcg/hr, 62.5mcg/hr QL (10 patches / 30 days)	1	QL PA
fentanyl PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
hydrocodone bitartrate (generic of ZOHYDRO ER) CP12 10mg, 15mg, 20mg, 30mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate cap er 12hr 40 mg (generic of ZOHYDRO ER) QL (60 caps / 30 days)	1	QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
KADIAN CP24 200mg QL (60 caps / 30 days)	3	NDS QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml	1	
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
methadone hcl intensol (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
morphine sulfate CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
tramadol hcl CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (240 caps / 30 days)	3	NDS QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL
QL (2700 mL / 30 days)		
acetaminophen w/ codeine tab 300-15 mg	1	QL
QL (400 tabs / 30 days)		
acetaminophen w/ codeine tab 300-30 mg	1	QL
QL (360 tabs / 30 days)		
acetaminophen w/ codeine tab 300-60 mg	1	QL
QL (180 tabs / 30 days)		
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL
QL (300 caps / 30 days)		
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	QL
QL (300 tabs / 30 days)		
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
butorphanol tartrate SOLN 10mg/ml	1	QL
QL (10 mL / 30 days)		
CODEINE SULFATE TABS 15mg, 60mg	3	QL
QL (180 tabs / 30 days)		
codeine sulfate TABS 30mg	1	QL
QL (180 tabs / 30 days)		
endocet tab 2.5-325mg (generic of PERCOCET)	1	QL
QL (360 tabs / 30 days)		
endocet tab 5-325mg (generic of PERCOCET)	1	QL
QL (360 tabs / 30 days)		
endocet tab 7.5-325mg (generic of PERCOCET)	1	QL
QL (240 tabs / 30 days)		
endocet tab 10-325mg (generic of PERCOCET)	1	QL
QL (180 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
fentanyl citrate (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	3	NDS QL PA
QL (120 lozenges / 30 days)		
fentanyl citrate (generic of ACTIQ) LPOP 400mcg	1	QL PA
QL (120 lozenges / 30 days)		
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	3	NDS QL PA
QL (120 tabs / 30 days)		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL
QL (2700 mL / 30 days)		
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)	1	QL
QL (240 tabs / 30 days)		
hydrocodone-acetaminophen tab 5-325 mg	1	QL
QL (240 tabs / 30 days)		
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL
QL (180 tabs / 30 days)		
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL
QL (180 tabs / 30 days)		
hydrocodone-acetaminophen tab 10-300 mg	1	QL
QL (180 tabs / 30 days)		
hydrocodone-acetaminophen tab 10-325 mg	1	QL
QL (180 tabs / 30 days)		
hydrocodone-ibuprofen tab 5-200 mg	1	QL
QL (150 tabs / 30 days)		
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL
QL (150 tabs / 30 days)		
hydrocodone-ibuprofen tab 10-200 mg	1	QL
QL (150 tabs / 30 days)		
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml	1	QL
QL (600 mL / 30 days)		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	1	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
morphine sulfate SOLN 1mg/ml	1	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	1	
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL
OXAYDO TABS 5mg QL (540 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxycodone-aspirin tab 4.8355-325 mg QL (360 tabs / 30 days)	1	QL
oxymorphone hcl TABS 5mg QL (180 tabs / 30 days)	1	QL
oxymorphone hcl (generic of OPANA) TABS 10mg QL (180 tabs / 30 days)	1	QL
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
tramadol hcl (generic of ULTRAM) TABS 50mg	1	QL
QL (240 tabs / 30 days)		
tramadol hcl TABS 100mg	1	QL
QL (120 tabs / 30 days)		
tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)	1	QL
QL (240 tabs / 30 days)		
trezix	1	QL
QL (300 caps / 30 days)		
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN 4%	1	
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg	3	QL
QL (12 tabs / 30 days)		
albendazole (generic of ALBENZA) TABS 200mg	3	NDS
ALINIA SUSR 100mg/5ml	3	NDS QL
QL (180 mL / 30 days)		
ALINIA TABS 500mg	3	NDS QL
QL (6 tabs / 30 days)		
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml	3	NDS
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	
BETHKIS NEBU 300mg/4ml	3	NDS NM PA
CAYSTON SOLR 75mg	3	NDS NM LA PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	1	
DALVANCE SOLR 500mg	3	NDS
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	3	NDS
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
daptomycin (generic of CUBICIN) SOLR 500mg	3	NDS
EMVERM CHEW 100mg	3	NDS QL
QL (12 tabs / 365 days)		
ertapenem sodium (generic of INVANZ) SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL
QL (1800 mL / 180 days)		
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	1	
ivermectin (generic of STROMECTOL) TABS 3mg	1	
linezolid (generic of ZYVOX) SOLN 600mg/300ml	1	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
meropenem SOLR 1gm	1	
meropenem (generic of MERREM) SOLR 500mg	1	
methenamine hippurate (generic of HIPREX) TABS 1gm	1	
METRONIDAZOL INJ 5MG/ML	3	
metronidazole (generic of FLAGYL) CAPS 375mg; TABS 500mg	1	
metronidazole TABS 250mg	1	
metronidazole in nacl 0.74% iv soln 500 mg/100ml (generic of METRONIDAZOLE)	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	3	NDS QL
nitrofurantoin SUSP 25mg/5ml	3	NDS
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
paromomycin sulfate CAPS 250mg	1	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	1	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel (generic of BILTRICIDE) TABS 600mg	1	
pyrimethamine TABS 25mg	3	NDS PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
streptomycin sulfate SOLR 1gm	3	NDS
SULFADIAZINE TABS 500mg	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	3	NDS

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Drug Name	Tier	Requirements/ Limits
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA
tobramycin (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg QL (80 caps / 180 days)	1	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg	3	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml QL (1800 mL / 180 days)	3	QL
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	NDS QL
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 200mg/100ml	3	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	NDS B/D
amphotericin b SOLR 50mg	1	B/D
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	3	NDS
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole (generic of SPORANOX) CAPS 100mg	1	PA
itraconazole (generic of SPORANOX) SOLN 10mg/ml	3	NDS
ketoconazole TABS 200mg	1	PA
micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
NOXAFIL SOLN 300mg/16.7ml	3	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL
nystatin TABS 500000unit	1	
posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
terbinafine hcl (generic of LAMISIL) TABS 250mg	1	QL (90 tabs / year)
TOLSURA CAPS 65mg	3	NDS PA
voriconazole (generic of VFEND IV) SOLR 200mg	3	NDS PA
voriconazole (generic of VFEND) SUSR 40mg/ml	3	NDS PA
voriconazole (generic of VFEND) TABS 50mg	1	QL PA (480 tabs / 30 days)
voriconazole (generic of VFEND) TABS 200mg	1	QL PA (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
quinine sulfate (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg; SOLN 100mg/ml	3	NDS NM
atazanavir sulfate (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	1	NM
CRIXIVAN CAPS 200mg, 400mg	3	NM
didanosine CPDR 200mg, 250mg, 400mg	1	NM
EDURANT TABS 25mg	3	NDS NM
efavirenz (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	2	NM
fosamprenavir calcium (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
INVIRASE TABS 500mg	3	NDS NM
ISENTRESS CHEW 25mg; PACK 100mg	2	NM
ISENTRESS CHEW 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
nevirapine (generic of VIRAMUNE) SUSP 50mg/5ml	1	NM
nevirapine TABS 200mg; TB24 100mg	1	NM
nevirapine (generic of VIRAMUNE XR) TB24 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml	3	NDS QL NM (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL NM (480 tabs / 30 days)
PREZISTA TABS 150mg	3	NDS QL NM (240 tabs / 30 days)
PREZISTA TABS 600mg	3	NDS QL NM (60 tabs / 30 days)
PREZISTA TABS 800mg	3	NDS QL NM (30 tabs / 30 days)
REYATAZ PACK 50mg	3	NDS NM

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Drug Name	Drug Tier	Requirements/ Limits
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM
SELZENTRY TABS 25mg	2	NM
stavudine CAPS 15mg, 20mg	1	NM
stavudine (generic of ZERIT) CAPS 30mg, 40mg	1	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NDS NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	NM
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)	3	NDS NM
BIKTARVY TAB	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI LO TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TEMIXYS TAB 300-300	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	3	NDS QL NM
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	3	NDS QL NM
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	3	NDS QL NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg	1	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin (generic of MYCOBUTIN) CAPS 150mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS LA PA
TRECATOR TABS 250mg	3	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir (generic of ZOVIRAX) SUSP 200mg/5ml	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil (generic of HEPSERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml	3	NDS NM
cidofovir SOLN 75mg/ml	3	NDS
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
EPIVIR HBV SOLN 5mg/ml	3	NM
famciclovir TABS 125mg, 250mg, 500mg	1	
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
lamivudine (hbv) (generic of EPIVIR HBV) TABS 100mg	1	NM
MAVYRET TAB 100-40MG	3	NDS NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	3	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	3	NDS QL PA
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	3	NDS NM PA
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 20mg, 40mg QL (2 tabs / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	

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CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
cefepime hcl SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
cefixime (generic of SUPRAX) CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime (generic of FORTAZ) SOLR 1gm	1	
ceftazidime SOLR 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
cephalexin (generic of KEFLEX) CAPS 750mg	1	
FETROJA SOLR 1gm	3	NDS
FORTAZ SOLR 2gm, 500mg	3	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	
tazicef (generic of FORTAZ) SOLR 1gm	1	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; TABS 600mg	1	
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
clarithromycin (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
ery-tab TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
erythrocin stearate TABS 250mg	1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
erythromycin ethylsuccinate TABS 400mg	1	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin 200 mg/100ml in d5w	1	

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ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 100mg, 750mg	1	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
levofloxacin SOLN 25mg/ml	1	
levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
dicloxacillin sodium CAPS 250mg, 500mg	1	
NAFCILLIN INJ 1GM/50ML	3	
NAFCILLIN INJ 2GM/100	3	
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	3	NDS
NAFCILLIN SODIUM SOLR 10gm	3	NDS
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	NDS
oxacillin sodium SOLR 1gm, 2gm	1	

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Drug Name	Drug Requirements/ Tier	Limits
oxacillin sodium SOLR 10gm	3	NDS
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
demeclocycline hcl TABS 150mg, 300mg	1	
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg, 150mg; TABS 50mg, 75mg, 100mg, 150mg	1	
doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
doxycycline hyclate CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 100mg; TBEC 75mg, 100mg, 150mg	1	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	1	
doxycycline hyclate (generic of DORYX) TBEC 50mg, 200mg	1	
minocycline hcl CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg	1	
minocycline hcl (generic of MINOCIN) CAPS 100mg	1	
minocycline hcl TB24 45mg, 90mg, 135mg	1	PA
minocycline hcl (generic of SOLODYN) TB24 55mg, 80mg, 105mg	1	PA
minocycline hcl (generic of SOLODYN) TB24 65mg, 115mg	3	NDS PA
MINOLIRA TB24 105mg, 135mg	3	PA
mondoxyne nl CAPS 75mg, 100mg	1	
tetracycline hcl CAPS 250mg, 500mg	1	PA
TIGECYCLINE SOLR 50mg	3	NDS
tigecycline (generic of TYGACIL) SOLR 50mg	3	NDS
VIBRAMYCIN SYRP 50mg/5ml	3	
ANTINEOPLASTIC AGENTS ***ALKYLATING AGENTS***		
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
cyclophosphamide SOLR 1gm, 2gm, 500mg	3	NDS B/D
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	3	NDS B/D
paraplatin SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	1	B/D
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
epirubicin hcl SOLN 50mg/25ml	1	B/D
epirubicin hcl (generic of ELLENCE) SOLN 200mg/100ml	1	B/D
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	3	NDS B/D
valrubicin (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
azacitidine (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine (generic of DACOGEN) SOLR 50mg	3	NDS B/D NM
fludarabine phosphate SOLN 50mg/2ml	3	NDS B/D
fludarabine phosphate SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
gemcitabine hcl SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
gemcitabine hcl (generic of GEMCITABINE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
INFUGEM SOL 1200MG	3	NDS B/D
INFUGEM SOL 1300MG	3	NDS B/D
INFUGEM SOL 1400MG	3	NDS B/D
INFUGEM SOL 1500MG	3	NDS B/D
INFUGEM SOL 1600MG	3	NDS B/D
INFUGEM SOL 1700MG	3	NDS B/D
INFUGEM SOL 1800MG	3	NDS B/D
INFUGEM SOL 1900MG	3	NDS B/D
INFUGEM SOL 2000MG	3	NDS B/D
INFUGEM SOL 2200MG	3	NDS B/D
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg	3	NDS NM PA
abiraterone acetate TABS 500mg	3	NDS NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
bicalutamide (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	B/D NM
EMCYT CAPS 140mg	3	

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Drug Name	Drug Tier	Requirements/ Limits
ERLEADA TABS 60mg	3	NDS NM LA PA
exemestane (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
flutamide CAPS 125mg	1	
fulvestrant (generic of FASLODEX) SOLN 250mg/5ml	3	NDS B/D
hydroxyprogesterone caproate (antineoplastic) SOLN 1.25gm/5ml	3	NDS B/D
letrozole (generic of FEMARA) TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LYSODREN TABS 500mg	3	NDS
megestrol acetate TABS 20mg, 40mg	2	
nilutamide (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate (generic of FARESTON) TABS 60mg	3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NDS NM PA
VANTAS KIT 50mg	3	NM PA
XTANDI CAPS 40mg	3	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 500mg	3	NDS NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	3	NDS QL NM LA PA
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
dacarbazine SOLR 100mg	1	B/D
ERWINAZE SOLR 10000unit	3	NDS NM LA PA
hydroxyurea (generic of HYDREA) CAPS 500mg	1	
INQOVI TAB 35-100MG	3	NDS NM LA PA
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
irinotecan hcl SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA
KISQALI 600 PAK FEMARA	3	NDS NM PA
LONSURF TAB 15-6.14	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM PA
MATULANE CAPS 50mg	3	NDS NM LA
mitoxantrone hcl CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAR SOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM
SYNRIBO SOLR 3.5mg	3	NDS NM PA
topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
tretinoin (chemotherapy) CAPS 10mg	3	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D
docetaxel CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D
docetaxel CONC 80mg/4ml	3	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
docetaxel (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
MARQIBO SUSP 5mg/31ml	3	NDS B/D NM
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	1	B/D
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ALECENSA CAPS 150mg	3	NDS NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
ALUNBRIG PAK	3	NDS NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM
AVASTIN SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
AYVAKIT TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
BELEODAQ SOLR 500mg	3	NDS NM PA
BESPONSA SOLR .9mg	3	NDS NM LA PA
BLENREP SOLR 100mg	3	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM LA PA
BRUKINSA CAPS 80mg	3	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
CALQUENCE CAPS 100mg	3	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
COTELLIC TABS 20mg	3	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA
DARZALEX SOL FASPRO	3	NDS NM PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA
ENHERTU SOLR 100mg	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM LA PA
erlotinib hcl (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA
erlotinib hcl (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	3	NDS QL NM PA
FARYDAK CAPS 10mg, 15mg, 20mg	3	NDS NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA
HERCEP HYLEC SOL 60-10000	3	NDS NM PA
HERCEPTIN SOLR 150mg	3	NDS NM PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM LA PA
ICLUSIG TABS 15mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
ICLUSIG TABS 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (56 caps / 28 days)	3	NDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
IMBRUVICA TABS 140mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
IMBRUVICA TABS 280mg QL (56 tabs / 28 days)	3	NDS QL NM LA PA
IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
INREBIC CAPS 100mg	3	NDS NM LA PA
IRESSA TABS 250mg	3	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	3	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM PA
KISQALI TBPK 200mg	3	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
lapatinib ditosylate (generic of TYKERB) TABS 250mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA
LENVIMA CAP 14 MG	3	NDS NM LA PA
LENVIMA CAP 18 MG	3	NDS NM LA PA
LENVIMA CAP 24 MG	3	NDS NM LA PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
LUMOXITI SOLR 1mg	3	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
MEKINIST TABS .5mg, 2mg	3	NDS NM LA PA
MEKTOVI TABS 15mg	3	NDS NM LA PA
MONJUVI SOLR 200mg	3	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
NERLYNX TABS 40mg	3	NDS NM LA PA
NEXAVAR TABS 200mg	3	NDS NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
ODOMZO CAPS 200mg	3	NDS NM LA PA
OGIVRI SOLR 150mg	3	NDS NM PA
OGIVRI INJ 420MG	3	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml	3	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA
PHESGO SOL	3	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA
QINLOCK TABS 50mg	3	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
RITUXAN INJ HYCELA	3	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RYDAPT CAPS 25mg	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
STIVARGA TABS 40mg	3	NDS NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA

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Drug Name	Tier	Requirements/ Limits
TABRECTA TABS 150mg, 200mg	3	NDS NM PA
TAFINLAR CAPS 50mg, 75mg	3	NDS NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
TALZENNA CAPS .25mg, 1mg	3	NDS NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
TAZVERIK TABS 200mg	3	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
temsirolimus (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
TIBSOVO TABS 250mg	3	NDS NM LA PA
TRAZIMERA SOLR 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
TURALIO CAPS 200mg	3	NDS NM LA PA
TYKERB TABS 250mg	3	NDS NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VELCADE SOLR 3.5mg	3	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA PA
VOTRIENT TABS 200mg	3	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	3	NDS NM LA PA
XOSPATA TABS 40mg	3	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA
ZEJULA CAPS 100mg	3	NDS NM LA PA
ZELBORAF TABS 240mg	3	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg	3	NDS NM PA
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA PA
ZYKADIA TABS 150mg	3	NDS NM LA PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
levoleucovorin calcium SOLN 175mg/17.5ml; SOLR 50mg	3	NDS B/D NM
levoleucovorin calcium SOLN 250mg/25ml	1	B/D NM
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg (generic of TARKA)	1	
trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)	1	

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Drug Name	Drug Requirements/ Tier	Limits
trandolapril-verapamil hcl tab er 4-240 mg (generic of TARKA)	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	3	NDS
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg	1	
lisinopril (generic of PRINIVIL) TABS 20mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	3	NDS
quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg	1	
trandolapril (generic of MAVIK) TABS 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR SUSP 25mg/5ml	3	
eplerenone (generic of INSPRA) TABS 25mg, 50mg	1	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)	1	QL
QL (60 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)	1	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	1	QL
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-12.5	3	QL
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-25MG	3	QL
QL (30 tabs / 30 days)		
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	1	QL
QL (30 tabs / 30 days)		
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	1	QL
QL (30 tabs / 30 days)		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	1	QL
QL (30 tabs / 30 days)		
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	1	QL
QL (30 tabs / 30 days)		

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

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Drug Name	Drug Requirements/ Tier	Limits
valsartan (generic of DIOVAN) TABS 320mg	1	QL
QL (30 tabs / 30 days)		
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
propafenone hcl TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sorine (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
sorine TABS 240mg	1	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
sotalol hcl TABS 240mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
ANTARA CAPS 30mg, 90mg	3	
choline fenofibrate (generic of TRILIPIX) CPDR 45mg, 135mg	1	
fenofibrate CAPS 50mg, 150mg; TABS 54mg, 160mg	1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate micronized CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1	
gemfibrozil (generic of LOPID) TABS 600mg	1	
TRIGLIDE TABS 160mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg	3	NDS QL
QL (60 tabs / 30 days)		
ALTOPREV TB24 40mg, 60mg	3	NDS QL
QL (30 tabs / 30 days)		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	QL
QL (30 caps / 30 days)		
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	QL
QL (300 mL / 30 days)		
fluvastatin sodium CAPS 20mg, 40mg	1	QL
QL (60 caps / 30 days)		
fluvastatin sodium (generic of LESCOL XL) TB24 80mg	1	QL
QL (30 tabs / 30 days)		
LIVALO TABS 1mg, 2mg, 4mg	3	QL
QL (30 tabs / 30 days)		
lovastatin TABS 10mg, 20mg, 40mg	1	QL
QL (60 tabs / 30 days)		
pravastatin sodium TABS 10mg, 80mg	1	QL
QL (30 tabs / 30 days)		
pravastatin sodium (generic of PRAVACHOL) TABS 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		

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rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg QL (30 tabs / 30 days)	1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
colestipol hcl (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe (generic of ZETIA) TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
niacin (antihyperlipidemic) TABS 500mg	1	
niacin (antihyperlipidemic) (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
niacor TABS 500mg	1	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	PA
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
prevalite PACK 4gm	1	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	

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propranolol & hydrochlorothiazide tab 80-25 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol (generic of CORGARD) TABS 20mg, 40mg, 80mg	1	
pindolol TABS 5mg, 10mg	1	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM LA TB24 120mg	3	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl coated beads (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
matzim la (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
nifedipine TB24 30mg, 60mg, 90mg	1	

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nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
nisoldipine (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
nisoldipine TB24 20mg, 25.5mg, 30mg, 40mg	1	
NYMALIZE SOLN 6mg/ml	3	NDS
taztia xt (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg	1	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
verapamil hcl CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
verapamil hcl (generic of CALAN SR) TBCR 120mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	1	
bumetanide (generic of BUMEX) TABS .5mg	1	
chlorthalidone TABS 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
ethacrynic acid (generic of EDECRIN) TABS 25mg	1	
furosemide SOLN 8mg/ml, 10mg/ml	1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM PA
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	1	
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)	1	
BIDIL TAB	3	
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
DEMSER CAPS 250mg	3	NDS PA
digitek (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)	1	QL
digox (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml	1	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
guanfacine hcl TABS 1mg, 2mg PA if 70 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
LANOXIN TABS 62.5mcg QL (90 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
methyldopa TABS 250mg, 500mg PA if 70 years and older	1	PA
metyrosine (generic of DEMSER) CAPS 250mg	3	NDS PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS 10mg	3	NDS PA
ranolazine (generic of RANEXA) TB12 500mg, 1000mg	1	
TEKTURNA HCT TAB 150-12.5	3	
TEKTURNA HCT TAB 150-25MG	3	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM LA PA

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Drug Name	Tier	Requirements/ Limits
NITRATES		
DILATRATE SR CPCR 40mg	3	
GONITRO PACK 400mcg	3	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	1	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	1	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 40mg	3	NDS
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
minitran (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
nitroglycerin (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA
alyq (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
epoprostenol sodium (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA
OPSUMIT TABS 10mg	3	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml	3	NDS NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TRACLEER TBSO 32mg	3	NDS NM LA PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
TYVASO SOLN .6mg/ml	3	NDS NM PA
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA
UPTRAVI TAB 200/800	3	NDS NM LA PA
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate CP24 100mg QL (90 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
fluvoxamine maleate CP24 150mg QL (60 caps / 30 days)	1	QL
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	1	QL
lorazepam (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	3	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	NDS QL PA
carbamazepine CHEW 100mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	1	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM LA PA
diazepam CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM LA PA
epitol (generic of TEGRETOL) TABS 200mg	1	
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
felbamate (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
felbamate (generic of FELBATOL) TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS PA
FYCOMPA TABS 2mg	3	PA
gabapentin (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL XR KIT	3	
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
lamotrigine (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
lamotrigine (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)	1	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM)	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM)	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)	1	
NAYZILAM SOLN 5mg/0.1ml	3	

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Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	3	NDS
PEGANONE TABS 250mg	3	
phenobarbital ELIX 20mg/5ml PA if 70 years and older	3	PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
PHENYTEK CAPS 200mg, 300mg	3	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	1	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	1	
phenytoin sodium extended (generic of PHENYTEK) CAPS 200mg, 300mg	1	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	1	
roweepra (generic of KEPPRA) TABS 500mg	1	
rufinamide (generic of BANZEL) SUSP 40mg/ml	3	NDS PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	1	
subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	3	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA
tiagabine hcl (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
topiramate (generic of QUDEXY XR) CS24 25mg, 50mg, 100mg, 150mg	1	
topiramate (generic of QUDEXY XR) CS24 200mg	3	NDS
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TROKENDI XR CP24 25mg, 50mg	3	

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TROKENDI XR CP24 100mg, 200mg	3	NDS
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	3	NDS
VIMPAT TABS 50mg	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	NDS
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS
XCOPRI PAK 150-200MG (TITRATION)	3	NDS
XCOPRI TAB 50-200MG	3	NDS
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg, 10mg	1	
galantamine hydrobromide (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
galantamine hydrobromide SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
memantine hcl (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
memantine hcl SOLN 2mg/ml PA if < 30 yrs	1	PA
memantine hcl (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
NAMENDA XR CAP TITRATIO PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
bupropion hcl TB24 450mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
citalopram hydrobromide SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
doxepin hcl CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
duloxetine hcl CPEP 40mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS PA
escitalopram oxalate SOLN 5mg/5ml	1	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA
FETZIMA CAP TITRATIO	3	PA
fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1	
fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1	
fluoxetine hcl (pmdd) TABS 10mg, 20mg (generic of SARAFEM)	1	
imipramine hcl TABS 10mg, 25mg, 50mg	1	
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg	3	
maprotiline hcl TABS 25mg, 50mg, 75mg	1	
MARPLAN TABS 10mg	3	
mirtazapine TABS 7.5mg, 45mg	1	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
nortriptyline hcl SOLN 10mg/5ml	3	
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
paroxetine hcl (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL SUSP 10mg/5ml	3	
PEXEVA TABS 10mg, 30mg QL (60 tabs / 30 days)	3	QL
PEXEVA TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
phenelzine sulfate (generic of NARDIL) TABS 15mg	1	

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protriptyline hcl TABS 5mg, 10mg	3	
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	3	NDS NM LA PA
SPRAVATO SOL 84MG DOS	3	NDS NM LA PA
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 225mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	
VIIBRYD KIT STARTER	3	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	1	QL
amantadine hcl SYRP 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	3	NDS QL NM LA PA
benztropine mesylate (generic of COGENTIN) SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
carbidopa (generic of LODOSYN) TABS 25mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-250 mg (generic of SINEMET)	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DUOPA SUS 4.63-20	3	NDS B/D NM
entacapone (generic of COMTAN) TABS 200mg	1	
GOCOVRI CP24 68.5mg, 137mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
INBRIJA CAPS 42mg	3	NDS NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	3	NDS QL NM PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM
ONGENTYS CAPS 50mg QL (30 caps / 30 days)	3	QL PA
OSMOLEX ER TB24 129mg, 193mg, 258mg QL (30 tabs / 30 days)	3	QL NM PA
OSMOLEX ER PAK QL (60 tabs / 30 days)	3	QL NM PA
pramipexole dihydrochloride TABS .25mg, 1.5mg	1	
pramipexole dihydrochloride (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	1	
pramipexole dihydrochloride (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	1	QL
rasagiline mesylate (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	1	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg QL (1 injection / 28 days)	3	NDS QL
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	3	NDS QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	3	NDS QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	3	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 injection / 56 days)	3	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	3	QL
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine (generic of CLOZARIL) TABS 25mg, 50mg	1	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
clozapine (generic of CLOZARIL) TABS 200mg	1	QL
QL (135 tabs / 30 days)		
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL PA
QL (270 tabs / 30 days)		
clozapine TBDP 150mg	3	NDS QL PA
QL (180 tabs / 30 days)		
clozapine TBDP 200mg	3	NDS QL PA
QL (135 tabs / 30 days)		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS QL PA
QL (60 tabs / 30 days)		
FANAPT PAK	3	PA
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
haloperidol lactate CONC 2mg/ml	1	
haloperidol lactate (generic of HALDOL) SOLN 5mg/ml	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL
QL (1 injection / 28 days)		
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS QL
QL (1 injection / 28 days)		
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	3	NDS QL
QL (1 injection / 90 days)		
LATUDA TABS 20mg, 40mg, 60mg, 120mg	3	QL
QL (30 tabs / 30 days)		
LATUDA TABS 80mg	3	QL
QL (60 tabs / 30 days)		
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	3	NDS QL NM LA PA
QL (30 caps / 30 days)		
NUPLAZID TABS 10mg	3	NDS QL NM LA PA
QL (30 tabs / 30 days)		
olanzapine (generic of ZYPREXA) SOLR 10mg	1	QL
QL (3 vials / 1 day)		
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg	1	QL
QL (60 tabs / 30 days)		
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg	1	QL
QL (30 tabs / 30 days)		
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg	1	QL
QL (30 tabs / 30 days)		
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg	1	QL
QL (60 tabs / 30 days)		
paliperidone (generic of INVEGA) TB24 1.5mg, 3mg, 9mg	1	QL
QL (30 tabs / 30 days)		
paliperidone (generic of INVEGA) TB24 6mg	1	QL
QL (60 tabs / 30 days)		
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
PERSERIS PRSY 90mg, 120mg QL (1 injection / 30 days)	3	NDS QL
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	3	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TABS .25mg	1	
risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	1	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL PA
VRAYLAR CAP 1.5-3MG	3	PA
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
amphetamine SUER 1.25mg/ml QL (450 mL / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	1	QL PA
QL (90 tabs / 30 days)		
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg	1	QL
QL (120 caps / 30 days)		
atomoxetine hcl (generic of STRATTERA) CAPS 40mg	1	QL
QL (60 caps / 30 days)		
atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg	1	QL
QL (30 caps / 30 days)		
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL PA
QL (60 tabs / 30 days)		
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL PA
QL (30 patches / 30 days)		
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg	1	QL PA
QL (60 caps / 30 days)		
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg	1	QL PA
QL (30 caps / 30 days)		
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg	1	QL PA
QL (120 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg	1	QL PA
QL (60 tabs / 30 days)		
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 5mg, 10mg	1	QL PA
QL (150 caps / 30 days)		
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 15mg	1	QL PA
QL (120 caps / 30 days)		
dextroamphetamine sulfate TABS 5mg, 10mg	1	QL PA
QL (180 tabs / 30 days)		
DYANAVEL XR SUER 2.5mg/ml	3	QL PA
QL (240 mL / 30 days)		
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2	QL PA
QL (30 tabs / 30 days)		
PA if 70 years and older		
JORNAY PM CP24 20mg, 40mg	3	QL PA
QL (60 caps / 30 days)		
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL PA
QL (30 caps / 30 days)		
metadate er TBCR 20mg	1	QL PA
QL (90 tabs / 30 days)		
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	1	QL PA
QL (180 tabs / 30 days)		
methylphenidate hcl (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of RITALIN LA) CP24 10mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of RITALIN LA) CP24 40mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl CP24 60mg; CPCR 40mg, 50mg, 60mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl CPCR 10mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml	1	QL PA
QL (1800 mL / 30 days)		
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml	1	QL PA
QL (900 mL / 30 days)		
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg	1	QL PA
QL (180 tabs / 30 days)		
methylphenidate hcl (generic of RITALIN) TABS 20mg	1	QL PA
QL (90 tabs / 30 days)		
methylphenidate hcl TB24 18mg, 27mg, 36mg	1	QL PA
QL (60 tabs / 30 days)		
methylphenidate hcl TB24 54mg	1	QL PA
QL (30 tabs / 30 days)		
methylphenidate hcl TBCR 10mg, 20mg	1	QL PA
QL (90 tabs / 30 days)		
methylphenidate hcl (generic of CONCERTA) TBCR 18mg, 27mg, 36mg	1	QL PA
QL (60 tabs / 30 days)		
methylphenidate hcl (generic of CONCERTA) TBCR 54mg	1	QL PA
QL (30 tabs / 30 days)		
METHYLPHENIDATE HYDROCHLO TBCR 72mg	3	QL PA
QL (30 tabs / 30 days)		
MYDAYIS CAP 12.5MG	3	QL PA
QL (30 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 72mg QL (30 tabs / 30 days)	3	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
HETLIOZ CAPS 20mg	3	NDS NM LA PA
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
temazepam (generic of RESTORIL) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
temazepam (generic of RESTORIL) CAPS 22.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
temazepam (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
triazolam (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zaleplon CAPS 5mg, 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
zolpidem tartrate SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
almotriptan malate TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
dihydroergotamine mesylate (generic of D.H.E. 45) SOLN 1mg/ml	3	NDS
dihydroergotamine mesylate (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	3	NDS QL PA
eletriptan hydrobromide (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL
ergotamine w/ caffeine tab 1-100 mg (generic of CAFERGOT)	1	
frovatriptan succinate (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL
migergot QL (20 suppositories / 28 days)	3	NDS QL
naratriptan hcl (generic of AMERGE) TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	3	NDS QL
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
sumatriptan (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate SOSY 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL
zolmitriptan (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
zolmitriptan (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
ZOMIG SOLN 2.5mg, 5mg QL (12 inhalers / 30 days)	3	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 80mg QL (30 caps / 30 days)	3	NDS QL NM PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	3	NDS QL NM PA
LITHIUM SOLN 8meq/5ml	3	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	1	
LYRICA CR TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	2	QL PA
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
paroxetine mesylate (vasomotor) (generic of BRISDELLE) CAPS 7.5mg QL (30 caps / 30 days)	3	QL
pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml	3	NDS
pyridostigmine bromide TABS 30mg	1	
pyridostigmine bromide (generic of MESTINON) TABS 60mg	1	
pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
riluzole (generic of RILUTEK) TABS 50mg	1	
RUZURGI TABS 10mg	3	NDS NM LA PA

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Drug Name	Tier	Requirements/ Limits
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK	3	PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	3	NDS QL NM LA PA
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg	1	NM PA
dimethyl fumarate (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA
dimethyl fumarate (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	3	NDS QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
LEMTRADA SOLN 12mg/1.2ml	3	NDS NM LA PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs in lifetime)	3	NDS QL NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs in lifetime)	3	NDS QL NM LA PA
MAYZENT TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 syringes / 28 days)	3	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 pens / 28 days)	3	NDS QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF TITRTN INJ PACK QL (12 injections / 28 days)	3	NDS QL NM PA
TECFIDERA MIS STARTER	3	NDS NM LA PA
TYSABRI CONC 300mg/15ml	3	NDS NM LA PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
VUMERITY STARTER CPDR 231mg	3	NDS NM LA PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA PA
ZEPOSIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS NM PA
carisoprodol (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
carisoprodol (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	2	PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	1	
dantrolene sodium CAPS 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
metaxalone TABS 400mg QL (240 tabs / 30 days) PA if 70 years and older	3	QL PA
metaxalone (generic of SKELAXIN) TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
methocarbamol TABS 500mg PA if 70 years and older	2	PA
methocarbamol (generic of ROBAXIN-750) TABS 750mg PA if 70 years and older	2	PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
tizanidine hcl (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
tizanidine hcl TABS 2mg	1	
vanadom (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg QL (14 tabs / 7 days)	3	NDS QL NM LA PA
WAKIX TABS 17.8mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM LA PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	3	PA
CHANTIX CONTINUING MONTH TABS 1mg	3	PA
CHANTIX PAK 0.5& 1MG	3	PA
disulfiram TABS 250mg, 500mg	1	
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
VIVITROL SUSR 380mg	3	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
ENDOCRINE AND METABOLIC ***ANDROGENS***		
ANADROL-50 TABS 50mg	3	NDS PA

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ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml	3	NM LA PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	1	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	1	QL PA
testosterone GEL 1% QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
BYDUREON PEN PEN 2mg QL (4 pens / 28 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL

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JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
metformin hcl (generic of RIOMET) SOLN 500mg/5ml QL (780 mL / 30 days)	1	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
miglitol TABS 25mg, 50mg, 100mg	1	
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	2	QL
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL

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SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
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
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BD ALCOHOL SWABS	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN R SOLN 100unit/ml	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
OMNIPOD KIT STARTER QL (1 kit / year)	3	QL PA
OMNIPOD MIS 5 PACK QL (10 boxes / 30 days)	3	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	2	

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SOLIQUA INJ 100/33 QL (10 pens / 30 days)	2	QL
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
BINOSTO TBEF 70mg	3	
calcitonin (salmon) (generic of MIACALCIN) SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	3	NDS NM PA
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
ibandronate sodium (generic of BONIVA) SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
ibandronate sodium (generic of BONIVA) TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml QL (1 injection / 180 days)	3	QL NM
risedronate sodium TABS 5mg, 30mg	1	
risedronate sodium (generic of ACTONEL) TABS 35mg, 150mg	1	
risedronate sodium (generic of ATELVIA) TBEC 35mg	1	
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
clovique (generic of SYPRINE) CAPS 250mg	3	NDS PA
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg	3	NDS NM PA
deferasirox (generic of EXJADE) TBSO 125mg, 250mg, 500mg	3	NDS NM PA
deferiprone TABS 500mg	3	NDS NM LA PA
deferoxamine mesylate SOLR 2gm	1	NM PA
deferoxamine mesylate (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NDS
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	

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trientine hcl (generic of SYPRINE) CAPS 250mg	3	NDS PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia (generic of SEASONIQUE)	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna (generic of SEASONIQUE)	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette (generic of MIRCETTE)	1	
BALCOLTRA TAB 0.1-20	3	
balziva	1	
bekyree (generic of MIRCETTE)	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese (generic of SEASONIQUE)	1	
camrese lo (generic of LOSEASONIQUE)	1	
caziant	1	
chateal	1	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred eq	1	

Drug Name	Drug Requirements/ Tier	Limits
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee (generic of SEASONIQUE)	1	
deblitane TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1	
elinest	1	
ELLA TABS 30mg	2	
eluryng (generic of NUVARING)	1	
emoquette	1	
enpresse-28	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	1	
falmina	1	
fayosim (generic of QUARTETTE)	1	
femynor	1	
gemmily (generic of TAYTULLA)	1	
gianvi (generic of YAZ)	1	

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Drug Name	Drug Requirements/ Tier	Limits
hailey 1.5/30	1	
hailey 24 fe	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jasmiel (generic of YAZ)	1	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe (generic of GENERESS FE)	1	
kariva (generic of MIRCETTE)	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
layolis fe (generic of GENERESS FE)	1	
leena	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (generic of QUARTETTE)	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levora 0.15/30-28	1	
lillow	1	
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna (generic of YAZ)	1	
low-ogestrel	1	
lutera	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
melodetta 24 fe (generic of MINASTRIN 24 FE)	1	
mibelas 24 fe (generic of MINASTRIN 24 FE)	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
ocella (generic of YASMIN 28)	1	
orsythia	1	
philith	1	
pimtrea (generic of MIRCETTE)	1	
pirmella 1/35	1	
portia-28	1	
previfem	1	
reclipsen	1	
rivelsa (generic of QUARTETTE)	1	
setlakin	1	
sharobel TABS .35mg	1	
simliya (generic of MIRCETTE)	1	
simpesse (generic of SEASONIQUE)	1	
SLYND TABS 4mg	3	
sprintec 28	1	
sronyx	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe (generic of ESTROSTEP FE)	1	
tri-estarylla	1	
tri-legest fe (generic of ESTROSTEP FE)	1	
tri-linyah	1	
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	1	
tri-mili	1	
tri-previfem	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	1	
trivora-28	1	
tulana TABS .35mg	1	
TYBLUME TAB 0.1-0.02	3	
tydemy (generic of SAFYRAL)	1	
velivet	1	
vienva	1	
viorele (generic of MIRCETTE)	1	
vyfemla	1	

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Drug Name	Drug Requirements/ Tier	Limits
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
zarah (generic of YASMIN 28)	1	
zovia 1/35e	1	
zumandimine (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	1	
LUPANETA KIT 3.75-5	3	NDS NM PA
LUPANETA KIT 11.25-5	3	NDS NM PA
ORILISSA TABS 150mg, 200mg	3	NDS PA
SYNAREL SOLN 2mg/ml	3	NDS
ESTROGENS		
ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
amabelz	2	
amabelz (generic of ACTIVELLA)	2	
DELESTROGEN OIL 10mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
estradiol valerate (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
ESTRING RING 2mg	3	
ESTROGEL GEL .06%	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT LOW DOSE)	2	
fyavolv tab 1mg-5mcg	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	2	
lopreeza (generic of ACTIVELLA)	2	
MENEST TABS .3mg, .625mg, 1.25mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
mimvey (generic of ACTIVELLA)	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	

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Drug Name	Drug Requirements/ Tier	Limits
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
yuvafem (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
cortisone acetate TABS 25mg	1	
DEPO-MEDROL SUSP 20mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
fludrocortisone acetate TABS .1mg	1	
HEMADY TABS 20mg	3	PA
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg	3	B/D
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
prednisolone sodium phosphate (generic of ORAPRED ODT) TBDP 10mg, 15mg, 30mg	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	B/D
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
BYNFEZIA PEN SOPN 2500mcg/ml	3	NDS NM PA
cabergoline TABS .5mg	1	
CARBAGLU TABS 200mg	3	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA

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Drug Name	Tier	Drug Requirements/ Limits
cinacalcet hcl (generic of SENSIPAR) TABS 30mg	1	B/D NM
cinacalcet hcl (generic of SENSIPAR) TABS 60mg, 90mg	3	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN .01%	3	NDS
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	3	NDS
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM LA PA
EGRIFTA SV SOLR 2mg	3	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA
ELELYSO SOLR 200unit	3	NDS NM PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA PA
FENSOLVI KIT 45mg	3	NDS NM LA PA
GALAFOLD CAPS 123mg	3	NDS NM LA PA
GENOTROPIN SOLR 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE SOLR 6mg, 12mg, 24mg	3	NDS NM PA
HUMATROPE COMBO PACK SOLR 5mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA
JYNARQUE PAK 30-15MG	3	NDS NM LA PA
JYNARQUE PAK 45-15MG	3	NDS NM LA PA
JYNARQUE PAK 60-30MG	3	NDS NM LA PA
JYNARQUE PAK 90-30MG	3	NDS NM LA PA
KANUMA SOLN 20mg/10ml	3	NDS NM LA PA
KORLYM TABS 300mg	3	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	3	NDS NM LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	3	NDS NM PA
miglustat (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM LA PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA

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Drug Name	Drug Tier	Requirements/ Limits
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate SOLN 200mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
octreotide acetate SOLN 1000mcg/ml	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	3	NDS NM LA PA
ORIAHNN CAP	3	NDS PA
OSPHENA TABS 60mg	2	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
raloxifene hcl (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
REVCOVI SOLN 2.4mg/1.5ml	3	NDS NM LA PA
SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TBSO 100mg	3	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
STIMATE SOLN 1.5mg/ml	3	NDS NM
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA
TEPEZZA SOLR 500mg	3	NDS NM LA PA
tolvaptan TABS 15mg	3	NDS NM PA
tolvaptan (generic of SAMSCA) TABS 30mg	3	NDS NM PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VPRIV SOLR 400unit	3	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
ZORBTIVE SOLR 8.8mg	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	3	NDS PA
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg	1	
calcium acetate (phosphate binder) TABS 667mg	1	
FOSRENOL PACK 750mg, 1000mg	3	NDS
lanthanum carbonate (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	3	NDS
PHOSLYRA SOLN 667mg/5ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
sevelamer carbonate (generic of RENVELA) PACK .8gm, 2.4gm	3	NDS
sevelamer carbonate (generic of RENVELA) TABS 800mg	1	
sevelamer hcl TABS 400mg	1	
sevelamer hcl (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	3	NDS
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate (generic of AYGESTIN) TABS 5mg	1	
progesterone micronized (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
THYROID AGENTS		
euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
LEVOTHYROXINE SODIUM CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
methimazole (generic of TAPAZOLE) TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
calcitriol SOLN 1mcg/ml	1	B/D

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Drug Name	Tier	Drug Requirements/ Limits
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
paricalcitol CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	3	NDS
GASTROINTESTINAL *ANTIEMETICS*		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	
AKYNZEO INJ 235-0.25MG/20ML	3	
aprepitant CAPS 40mg, 125mg	1	B/D
aprepitant (generic of EMEND) CAPS 80mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	1	
dronabinol (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SUSR 125mg/5ml	3	B/D
fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
METOCLOPRAMIDE ODT TBDP 10mg	3	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 8mg, 24mg	1	B/D
ondansetron hcl (generic of ZOFRAN) TABS 4mg	1	B/D
palonosetron hcl (generic of ALOXI) SOLN .25mg/5ml	1	
palonosetron hcl SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
phenadoz SUPP 25mg PA if 70 years and older	3	PA
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
promethazine hcl SUPP 12.5mg, 25mg PA if 70 years and older	3	PA
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	3	NDS QL
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	3	NDS B/D QL

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Drug Name	Drug Requirements/ Tier	Limits
VARUBI TBPK 90mg	3	B/D
ZUPLENZ FILM 4mg, 8mg	3	NDS B/D
ANTISPASMODICS		
atropine sulfate SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg	3	
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
methscopolamine bromide TABS 2.5mg, 5mg PA if 70 years and older	1	PA
propantheline bromide TABS 15mg	1	
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml	1	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
famotidine SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
famotidine (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
famotidine (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg; SOLN 15mg/ml	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide (generic of ENTOCORT EC) CPEP 3mg	1	
budesonide (generic of UCERIS) TB24 9mg	3	NDS
DIPENTUM CAPS 250mg	3	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
mesalamine (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
mesalamine ENEM 4gm	1	
mesalamine (generic of CANASA) SUPP 1000mg	1	
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
mesalamine (generic of ASACOL HD) TBEC 800mg QL (180 tabs / 30 days)	1	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1	
ORTIKOS CP24 6mg, 9mg	3	NDS
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	NDS QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
SFROWASA ENEM 4gm/60ml	3	NDS
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
LAXATIVES		
CLENPIQ SOL	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack (generic of NULYTELY)	1	

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Drug Name	Drug Requirements/ Tier	Limits
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
KRISTALOSE PACK 10gm, 20gm	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
NULYTELY SOL FLAV PKS	2	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (generic of MOVIPREP)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of NULYTELY)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
trilyte (generic of NULYTELY)	1	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	NDS QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
AMITIZA CAPS 8mcg QL (180 caps / 30 days)	3	QL
AMITIZA CAPS 24mcg QL (60 caps / 30 days)	3	QL
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	
GATTEX KIT 5mg	3	NDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
loperamide hcl CAPS 2mg	1	
lubiprostone CAPS 8mcg QL (180 caps / 30 days)	1	QL
lubiprostone CAPS 24mcg QL (60 caps / 30 days)	1	QL
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NDS NM LA PA
OMECLAMOX- MIS PAK	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS PA
SUCRAID SOLN 8500unit/ml	3	NDS NM LA PA
sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
ursodiol CAPS 300mg	1	
ursodiol (generic of URSO 250) TABS 250mg	1	
ursodiol (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
XERMELO TABS 250mg	3	NDS NM LA PA
XIFAXAN TABS 550mg	3	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	

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CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
esomeprazole magnesium (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
esomeprazole sodium (generic of NEXIUM I.V.) SOLR 40mg	1	
lansoprazole (generic of PREVACID) CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
lansoprazole (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL
NEXIUM PACK 2.5mg, 5mg	3	
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium PACK 40mg QL (30 packets / 30 days)	1	QL
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	3	
rabeprazole sodium (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	
dutasteride (generic of AVODART) CAPS .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	1	
finasteride (generic of PROSCAR) TABS 5mg	1	
silodosin (generic of RAPAFLO) CAPS 4mg, 8mg	1	
tamsulosin hcl (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
INTRAROSA INST 6.5mg	3	PA
neomycin-polymyxin b gu irrigation soln	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	1	

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Drug Name	Drug Requirements/ Tier	Limits
potassium citrate (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA TABS 100mg	3	NDS
THIOLA EC TBEC 100mg, 300mg	3	NDS
URINARY ANTISPASMODICS		
darifenacin hydrobromide (generic of ENABLEX) TB24 7.5mg, 15mg	1	
GELNIQUE GEL 10%	3	
MYRBETRIQ TB24 25mg, 50mg	3	
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg	1	
tolterodine tartrate (generic of DETROL LA) CP24 2mg, 4mg	1	
tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	2	
trospium chloride CP24 60mg; TABS 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
vandazole GEL .75%	1	
HEMATOLOGIC ***ANTICOAGULANTS***		
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
enoxaparin sodium (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN SOLN 2500unit/0.2ml	3	
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	NDS
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
heparin sodium (porcine) 100 unit/ml in d5w	1	
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	1	

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Drug Name	Tier	Requirements/ Limits
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	1	
HEPARIN/NACL INJ 25000UNT	2	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 110mg, 150mg QL (60 caps / 30 days)	3	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
LEUKINE SOLR 250mcg	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA

Drug Name	Tier	Requirements/ Limits
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	3	NDS QL NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
DOPTELET TABS 20mg	3	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	3	NDS NM LA PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
icatibant acetate (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM LA PA
MULPLETA TABS 3mg	3	NDS NM PA
OXBRYTA TABS 500mg	3	NDS NM LA PA
pentoxifylline TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	3	NDS QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA

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Drug Name	Tier	Requirements/ Limits
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	3	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	3	NDS QL NM LA PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
tranexamic acid (generic of LYSTEDA) TABS 650mg	1	
ULTOMIRIS SOLN 300mg/30ml, 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
AVSOLA SOLR 100mg	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	3	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 injections / 28 days)	3	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 injections / 28 days)	3	NDS QL NM PA
ENTYVIO SOLR 300mg	3	NDS NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml QL (6 injections / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEDIA INJ CROHNS	3	NDS NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN KIT PS/UV	3	NDS NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM PA
RENFLEXIS SOLR 100mg	3	NDS NM LA PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	3	NDS QL NM PA

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SKYRIZI PSKT 75mg/0.83ml QL (7 kits / year)	3	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	NDS QL NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	3	NDS QL NM LA PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	3	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
methotrexate sodium TABS 2.5mg	1	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	3	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM LA PA
CYTOGAM INJ 50mg/ml	3	NDS NM
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	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	3	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA
HYQVIA INJ 2.5-200	3	NDS NM PA
HYQVIA INJ 5-400	3	NDS NM PA
HYQVIA INJ 10-800	3	NDS NM PA
HYQVIA INJ 20-1600	3	NDS NM PA
HYQVIA INJ 30-2400	3	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	3	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA
ARCALYST SOLR 220mg	3	NDS NM PA
GRASTEK SUBL 2800bau	3	PA

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Drug Name	Tier	Requirements/ Limits
ILARIS SOLN 150mg/ml	3	NDS NM LA PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	3	NDS B/D NM
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM PA
RAGWITEK SUBL 12amba1-u	3	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	3	NDS B/D
AZASAN TABS 75mg, 100mg	3	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg	3	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
SANDIMMUNE SOLN 100mg/ml	2	B/D NM
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg	3	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS 1mg	3	NDS B/D NM
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	

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Drug Name	Drug Requirements/ Tier	Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
ZOSTAVAX SUSR 19400unt/0.65ml QL (1 vial per lifetime)	2	QL
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate SOLN 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	1	
MG SO4/D5W INJ 10MG/ML	2	
NORMOSOL -M INJ /D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	

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Drug Name	Drug Requirements/ Tier	Limits
potassium chloride SOLN 2meq/ml	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
PNV FOLIC AC TAB + IRON	2	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
potassium chloride (generic of K-TAB) TBCR 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
AMINOSYN-PF INJ 7%	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

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
hepatamine	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NEPHRAMINE INJ 5.4%	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	

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Drug Name	Drug Requirements/ Tier	Limits
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%	1	
gentak OINT .3%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	1	
moxifloxacin hcl (ophth) (generic of MOXEZA) SOLN .5%	1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	1	
sulfacetamide sodium (ophth) OINT 10%	1	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%	1	
tobramycin (ophth) (generic of TOBREX) SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	2	
bromfenac sodium (ophth) SOLN .09%	1	
BROMSITE SOLN .075%	3	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
DUREZOL EMUL .05%	2	
FLAREX SUSP .1%	3	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	2	
INVELTYS SUSP 1%	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	3	
loteprednol etabonate (generic of LOTEMAX) SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1	

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Drug Name	Drug Requirements/ Tier	Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
YUTIQ IMPL .18mg	3	NDS NM LA
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
BEPREVE SOLN 1.5%	2	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
LASTACAFT SOLN .25%	3	
olopatadine hcl SOLN .1%, .2%	1	
PAZEO SOLN .7%	2	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
AZOPT SUSP 1%	2	
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl (generic of TRUSOPT) SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	1	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	
timolol maleate (ophth) (generic of TIMOPTIC OCUDOSE) SOLN .5%	1	
timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
travoprost (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
BEOVU SOLN 6mg/0.05ml	3	NDS NM LA PA
CYSTADROPS SOLN .37%	3	NDS NM LA PA
CYSTARAN SOLN .44%	3	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3	NDS NM LA PA
OXERVATE SOLN .002%	3	NDS NM LA PA
proparacaine hcl (generic of ALCAINE) SOLN .5%	1	
XIIDRA SOLN 5% QL (60 single use vials / 30 days)	2	QL

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Drug Name	Tier	Requirements/ 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
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	

Drug Name	Tier	Requirements/ Limits
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	1	
cetirizine hcl SOLN 1mg/ml	1	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
desloratadine (generic of CLARINEX) TABS 5mg	1	
desloratadine TBDP 2.5mg, 5mg	1	
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
hydroxyzine hcl SYRP 10mg/5ml PA if 70 years and older	2	PA
hydroxyzine hcl TABS 10mg, 25mg, 50mg PA if 70 years and older	1	PA
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	1	PA
hydroxyzine pamoate CAPS 100mg PA if 70 years and older	1	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
olopatadine hcl (nasal) (generic of PATANASE) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
albuterol sulfate (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL

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albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1	
BROVANA NEBU 15mcg/2ml	3	NDS B/D
levalbuterol hcl (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
levalbuterol hcl (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL
PERFOROMIST NEBU 20mcg/2ml	3	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
terbutaline sulfate SOLN 1mg/ml	3	NDS
terbutaline sulfate TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
ELIXOPHYLLIN ELIX 80mg/15ml	3	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	3	NDS QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
FASENRA SOSY 30mg/ml	3	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	3	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	3	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	3	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA
PULMOZYME SOLN 1mg/ml	3	NDS NM PA

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Drug Name	Drug Tier	Requirements/ Limits
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB QL (84 tabs / 28 days)	3	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
mometasone furoate (nasal) (generic of NASONEX) SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL
XHANCE EXHU 93mcg/act QL (2 bottles / 30 days)	3	QL
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Tier	Requirements/ Limits
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL
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

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Drug Name	Drug Requirements/ Tier	Limits
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL
TOPICAL *DERMATOLOGY, ACNE*		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
adapalene (generic of DIFFERIN) CREA .1%; GEL .3%	1	
adapalene GEL .1%	1	
ADAPALENE SOLN .1%	3	
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
amnesteem CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
avita (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
avita GEL .025% QL (45 gm / 30 days)	1	QL PA
AZELEX CREA 20%	3	
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	1	
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindacin-p SWAB 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate (topical) (generic of EVOCLIN) FOAM 1%	1	
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5% (generic of BENZACLIN)	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-tretinoin gel 1.2-0.025% (generic of ZIANA)	1	
dapsone (topical) (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN LOTN .1%	3	
EPIDUO FORTE GEL 0.3-2.5%	3	
ery PADS 2%	1	
erythromycin (acne aid) (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
myorisan CAPS 10mg, 20mg, 30mg, 40mg	1	PA
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	3	NDS QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	NDS QL PA
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%	1	
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
tretinoin (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
tretinoin microsphere (generic of RETIN-A MICRO) GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
VELTIN GEL	3	
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
CENTANY OINT 2% QL (220 gm / 30 days)	3	QL
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
gentamicin sulfate (topical) CREA .1% QL (30 gm / 30 days)	1	QL
gentamicin sulfate (topical) OINT .1%	1	
mafenide acetate (generic of SULFAMYLON) PACK 5%	1	
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
XEPI CREA 1%	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine (generic of LOPROX) CREA .77% QL (90 gm / 30 days)	1	QL
ciclopirox olamine (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	1	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	1	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	1	QL
clotrimazole w/ betamethasone lotion 1-0.05% QL (30 mL / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	3	NDS QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	1	QL
luliconazole CREA 1% QL (60 gm / 30 days)	1	QL
MENTAX CREA 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	PA
naftifine hcl CREA 1% QL (90 gm / 30 days)	1	QL
naftifine hcl CREA 2% QL (60 gm / 30 days)	1	QL
naftifine hcl (generic of NAFTIN) GEL 1% QL (90 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) CAPS 10mg, 25mg	1	PA
acitretin CAPS 17.5mg	1	PA
calcipotriene OINT .005% QL (120 gm / 30 days)	1	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	1	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	1	QL PA
methoxsalen rapid (generic of OXSORALEN ULTRA) CAPS 10mg	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
tazarotene (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	
amcinonide CREA .1%; LOTN .1%	1	
AMCINONIDE OINT .1%	3	
APEXICON E CREA .05% QL (60 gm / 30 days)	3	NDS QL
beser (generic of CUTIVATE) LOTN .05% QL (120 mL / 30 days)	1	QL
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA .05%	1	
betamethasone dipropionate augmented GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; LOTN .1%; OINT .1%	1	
betamethasone valerate (generic of LUXIQ) FOAM .12%	1	
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (generic of TACLONEX) QL (400 gm / 28 days)	1	QL PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic of TACLONEX) QL (400 gm / 28 days)	3	NDS QL PA
CAPEX SHAM .01%	3	
clobetasol propionate (generic of TEMOVATE) CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
clobetasol propionate (generic of OLUX) FOAM .05%	1	QL (100 gm / 30 days)
clobetasol propionate GEL .05%	1	QL (60 gm / 30 days)
clobetasol propionate (generic of CLOBEX) LIQD .05%	1	QL (125 mL / 30 days)
clobetasol propionate (generic of CLOBEX) LOTN .05%; SHAM .05%	1	QL (118 mL / 30 days)
clobetasol propionate SOLN .05%	1	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (60 gm / 30 days)
clobetasol propionate emulsion (generic of OLUX-E) FOAM .05%	1	QL (100 gm / 30 days)
clocortolone pivalate (generic of CLODERM) CREA .1%	1	
clodan (generic of CLOBEX) SHAM .05%	1	QL (118 mL / 30 days)
desonide (generic of DESOWEN) CREA .05%	1	QL (60 gm / 30 days)
desonide (generic of DESONATE) GEL .05%	1	QL (60 gm / 30 days)
desonide LOTN .05%	1	QL (118 mL / 30 days)
desonide OINT .05%	1	QL (60 gm / 30 days)
desoximetasone (generic of TOPICORT) LIQD .25%	1	QL (100 mL / 30 days)
DUOBRII LOT	3	NDS QL PA (200 gm / 28 days)
ENSTILAR AER	3	QL PA (120 gm / 30 days)
fluocinolone acetonide CREA .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%	1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01%	1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01%	1	
fluocinolone acetonide (generic of SYNALAR) SOLN .01%	1	QL (90 mL / 30 days)
fluocinonide CREA .05%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
fluticasone propionate (generic of CUTIVATE) LOTN .05%	1	QL (120 mL / 30 days)
halcinonide (generic of HALOG) CREA .1%	3	NDS QL (240 gm / 30 days)
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HALOBETASOL PROPIONATE FOAM .05%	3	NDS
HALOG OINT .1%	3	NDS QL (240 gm / 30 days)
HALOG SOLN .1%	3	NDS QL (120 mL / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	

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Drug Name	Drug Requirements/ Tier	Limits
hydrocortisone (topical) OINT 1%	1	QL
QL (30 gm / 30 days)		
hydrocortisone butyrate SOLN .1%	1	QL
QL (60 mL / 30 days)		
IMPEKLO LOTN .15mg/act	3	QL
QL (68 gm / 30 days)		
IMPOYZ CREA .025%	3	QL
QL (100 gm / 30 days)		
LEXETTE FOAM .05%	3	NDS
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	3	NDS QL
QL (80 gm / 30 days)		
prednicarbate CREA .1%; OINT .1%	1	
SERNIVO EMUL .05%	3	NDS
tovet (generic of OLUX-E) FOAM .05%	1	QL
QL (100 gm / 30 days)		
triamcinolone acetonide (topical) (generic of KENALOG) AERS .147mg/gm	1	
triamcinolone acetonide (topical) CREA .1%	1	QL
QL (454 gm / 30 days)		
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .1%	1	QL
QL (454 gm / 30 days)		
triderm CREA .5%	1	
ULTRAVATE LOTN .05%	3	NDS QL
QL (120 mL / 30 days)		
VERDESO FOAM .05%	3	NDS QL
QL (100 gm / 30 days)		
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL PA
QL (60 mL / 30 days)		
lidocaine OINT 5%	1	QL PA
QL (50 gm / 30 days)		
lidocaine (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
lidocaine hcl GEL 2%	1	QL PA
QL (30 mL / 30 days)		
lidocaine hcl SOLN 4%	1	QL PA
QL (50 mL / 30 days)		
lidocaine-prilocaine cream 2.5-2.5%	1	QL PA
QL (30 gm / 30 days)		
QUTENZA KIT 8% 2-PCH	3	NDS QL NM LA PA
QL (4 patches / 90 days)		
ZTLIDO PTCH 1.8%	3	QL PA
QL (3 patches / 1 day)		
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical (generic of ZOVIRAX) CREA 5%	3	NDS QL
QL (5 gm / 30 days)		
acyclovir topical (generic of ZOVIRAX) OINT 5%	1	QL
QL (30 gm / 30 days)		
azelaic acid (generic of FINACEA) GEL 15%	1	QL
QL (50 gm / 30 days)		
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	NDS QL
QL (5 gm / 30 days)		
diclofenac sodium (actinic keratoses) GEL 3%	1	QL PA
QL (100 gm / 30 days)		
diclofenac sodium (topical) (generic of VOLTAREN) GEL 1%	1	QL PA
QL (1000 gm / 30 days)		
diclofenac sodium (topical) SOLN 1.5%	1	QL PA
QL (300 mL / 28 days)		
doxycycline (rosacea) CPDR 40mg	1	
FINACEA FOAM 15%	3	QL
QL (50 gm / 30 days)		
FLUOROPLEX CREA 1%	3	NDS QL
QL (30 gm / 30 days)		
fluorouracil (topical) (generic of EFUDEX) CREA 5%	1	QL
QL (40 gm / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
fluorouracil (topical) SOLN 2%, 5%	1	QL
QL (10 mL / 30 days)		
imiquimod (generic of ALDARA) CREA 5%	1	QL
QL (24 packets / 30 days)		
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
metronidazole (topical) (generic of METROCREAM) CREA .75%	1	
metronidazole (topical) GEL .75%	1	
metronidazole (topical) (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	QL
QL (30 gm / 30 days)		
NORITATE CREA 1%	3	NDS QL
QL (60 gm / 30 days)		
PENNSAID SOLN 2%	3	NDS QL PA
QL (224 gm / 28 days)		
PICATO GEL .05%	3	QL
QL (2 tubes / 30 days)		
PICATO GEL .015%	3	QL
QL (3 tubes / 30 days)		
pimecrolimus (generic of ELIDEL) CREA 1%	1	QL PA
QL (100 gm / 30 days)		
podofilox SOLN .5%	1	
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	1	
procto-pak (generic of PROCTOCORT) CREA 1%	1	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	1	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	1	
QBREXZA PADS 2.4%	3	QL PA
QL (30 pouches / 30 days)		
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	QL
QL (60 gm / 30 days)		
rosadan (generic of METROCREAM) CREA .75%	1	
tacrolimus (topical) (generic of PROTOPIC) OINT .03%, .1%	1	QL
QL (100 gm / 30 days)		
TARGRETIN GEL 1%	3	NDS QL NM PA
QL (60 gm / 30 days)		
VALCHLOR GEL .016%	3	NDS QL NM LA PA
QL (60 gm / 30 days)		
XERESE CRE 5-1%	3	NDS QL
QL (5 gm / 30 days)		
ZILXI FOAM 1.5%	3	QL
QL (30 gm / 30 days)		
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10%	1	QL
QL (454 gm / 30 days)		
ivermectin (pediculicide) LOTN .5%	1	
malathion LOTN .5%	1	
NATROBA SUSP .9%	3	
permethrin (generic of ELIMITE) CREA 5%	1	
spinosad SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS QL PA
QL (30 gm / 30 days)		
SANTYL OINT 250unit/gm	3	
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl (generic of EVOXAC) CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL
QL (150 lozenges / 30 days)		
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
ORAVIG TABS 50mg	3	NDS
paroex (generic of PERIDEX) SOLN .12%	1	

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Drug Name	Drug Requirements/ Tier Limits
periogard (generic of PERIDEX) SOLN .12%	1
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1
triamcinolone acetonide (mouth) PSTE .1%	1
OTIC	
acetic acid (otic) SOLN 2%	1
CIPRO HC SUS OTIC	3
ciprofloxacin hcl (otic) SOLN .2%	1
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)	1
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1
CORTISPORIN SUS -TC OTIC	3
flac (generic of DERMOTIC) OIL .01%	1
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1
hydrocortisone w/ acetic acid otic soln 1-2%	1
neomycin-polymyxin-hc otic soln 1%	1
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1
ofloxacin (otic) SOLN .3%	1

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SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330

This formulary was updated on 02/26/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

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

02/26/2021