



SilverScript Employer PDP sponsored by REHP (SilverScript)

2022 Formulary (List of Covered Drugs)

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

This formulary was updated on 10/25/2022. For more recent information or other questions, please contact Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 22259

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 October 25, 2022. 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, 2023, and from time to time during the year.

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 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 find information in the section below titled “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 find information in the section below titled “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 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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.

This formulary is current as of October 25, 2022. To get updated information about the drugs covered by SilverScript, please contact 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 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, 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 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 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 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 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 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

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)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$12.00	\$12.00	\$12.00
Tier 2: Preferred Brand	\$30.00*	\$30.00*	\$30.00*
Tier 3: Non-Preferred Brand	\$60.00*	\$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 2022 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2022-Medicare-Part-D-Outlook.php> for more information about the 2022 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 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 Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL
<i>probenecid</i> TABS 500mg	1	
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>hydromorphone hcl</i> 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
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	3	
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
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
<i>tramadol hcl</i> 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
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-</i> <i>16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
<i>fentanyl citrate</i> (generic of FENTORA) TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	3	B/D
<i>hydromorphone hcl</i> (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
LAZANDA SOLN 100mcg/act, 400mcg/act QL (30 bottles / 30 days)	3	NDS QL PA
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3		SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL	SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL	SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL	<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL	<i>trexix</i> QL (300 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL	ANESTHETICS		
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL	LOCAL ANESTHETICS		
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL	<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	ANTI-INFECTIVES		
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	ANTI-INFECTIVES - MISCELLANEOUS		
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	<i>albendazole</i> TABS 200mg 3 NDS	3	NDS
			<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
			ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
			<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
			<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
			CAYSTON SOLR 75mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		IMPAVIDO CAPS 50mg	3	NDS PA
CLINDMYC/NAC INJ 300/50ML	3		<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg	1	PA
CLINDMYC/NAC INJ 600/50ML	3		KIMYRSA SOLR 1200mg	3	NDS
CLINDMYC/NAC INJ 900/50ML	3		<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
DALVANCE SOLR 500mg	3	NDS	<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
<i>dapsone</i> TABS 25mg, 100mg	1		<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
DAPTOMYCIN SOLR 350mg	3	NDS	MEROP/NACL INJ 1GM/50ML	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS	MEROP/NACL INJ 500/50ML	3	
<i>daptomycin</i> SOLR 500mg	3	NDS	<i>meropenem</i> SOLR 1gm, 500mg	1	
EMVERM CHEW 100mg QL (12 tabs / year)	3	NDS QL	<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	1		<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL	<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1		<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1		<i>neomycin sulfate</i> TABS 500mg	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	3	NDS QL
			<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	1	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	3	NDS
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin sulfate</i> 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	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 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, 750mg	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
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
<i>casposfungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>miconazole sodium</i> SOLR 50mg	3	NDS
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 100mg	3	NDS
NOXAFIL SOLN 300mg/16.7ml	3	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	3	NDS PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM

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

Drug Name	Drug Requirements/ Tier	Limits
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	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
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	3	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
REYATAZ PACK 50mg	3	NDS NM
<i>ritonavir</i> (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
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	3	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (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
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	3	NDS NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TEMIXYS TAB 300-300	3	NDS NM
TRIUMEQ PD TAB	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRIZIVIR TAB	3	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	3	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml	3	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
EPIVIR HBV SOLN 5mg/ml	3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> 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

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	3	NDS QL PA
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VEMLIDY TABS 25mg	3	NDS NM PA
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 40mg QL (2 tabs / 180 days)	3	QL
XOFLUZA TBPK 80mg QL (1 tab / 180 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1	
<i>cefixime</i> SUSR 100mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	3	NDS
FORTAZ SOLR 2gm, 500mg	3	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	NDS
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	3	NDS
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS					
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		BICILLIN C-R INJ 900/300	3	
<i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i>	1		BICILLIN C-R INJ 1200000	3	
<i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i>	1		BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	3	
<i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	1		NAFCILLIN INJ 1GM/50ML	3	NDS
<i>amoxicillin & k clavulanate for</i> <i>susp 400-57 mg/5ml</i>	1		NAFCILLIN INJ 2GM/100	3	NDS
<i>amoxicillin & k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1		<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>amoxicillin & k clavulanate tab</i> <i>250-125 mg</i>	1		<i>nafcillin sodium</i> SOLR 10gm	3	NDS
<i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN)	1		OXACILLIN INJ 1GM	3	
<i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i>	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	1		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>ampicillin</i> CAPS 500mg	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>ampicillin & sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>ampicillin & sulbactam sodium</i> <i>for inj 3 (2-1) gm</i> (generic of UNASYN)	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 1.5 (1-0.5) gm</i>	1		<i>penicillin g potassium</i> SOLR 5000000unit, 2000000unit	1	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 3 (2-1) gm</i>	1		PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
			<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
			<i>piperacillin sod-tazobactam na</i> <i>for inj 3.375 gm (3-0.375 gm)</i>	1	
			<i>piperacillin sod-tazobactam</i> <i>sod for inj 2.25 gm (2-0.25</i> <i>gm)</i>	1	
			<i>piperacillin sod-tazobactam</i> <i>sod for inj 4.5 gm (4-0.5 gm)</i>	1	
			<i>piperacillin sod-tazobactam</i> <i>sod for inj 13.5 gm (12-1.5</i> <i>gm)</i>	1	
			<i>piperacillin sod-tazobactam</i> <i>sod for inj 40.5 gm (36-4.5</i> <i>gm)</i>	1	
			ZOSYN SOL 2-0.25GM	3	

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Drug Name	Drug Requirements/ Tier	Limits
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	1	
MINOLIRA TB24 105mg, 135mg	3	PA
NUZYRA SOLR 100mg; TABs 150mg	3	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
TIGECYCLINE SOLR 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
VIBRAMYCIN SYRP 50mg/5ml	3	
XERAVAL SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	3	NDS B/D
CYCLOPHOSPHAMIDE TABs 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	1	B/D
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	1	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
<i>gemcitabine hydrochloride</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml	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
INQOVI TAB 35-100MG	3	NDS NM LA PA
LONSURF TAB 15-6.14	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	B/D NM
EMCYT CAPS 140mg	3	NDS
ERLEADA TABS 60mg	3	NDS NM LA PA
EULEXIN CAPS 125mg	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
<i>flutamide</i> CAPS 125mg	1	
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> 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 NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM LA PA
ORGOVYX TABS 120mg	3	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NDS NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
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 QL (28 caps / 28 days)	3	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	3	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml	3	NDS NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	3	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
MATULANE CAPS 50mg <i>mitoxantrone hcl</i> CONC 2mg/ml	3 1	NDS NM LA B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAS SOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA PA
SYNRIBO SOLR 3.5mg	3	NDS NM PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
WELIREG TABS 40mg	3	NDS NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	NDS B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 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 25mg, 50mg, 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

Drug Name	Drug Requirements/ Tier	Limits
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 1mg, 2.5mg, 3.5mg	3	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) 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 QL (60 caps / 30 days)	3	NDS QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	3	NDS QL 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
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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ERIVEDGE CAPS 150mg	3	NDS NM LA PA	ICLUSIG TABS 10mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	ICLUSIG TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
EXKIVITY CAPS 40mg	3	NDS NM LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	3	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
HERCEP HYLEC SOL 60- 10000	3	NDS NM PA	INREBIC CAPS 100mg	3	NDS NM LA PA
HERCEPTIN SOLR 150mg	3	NDS NM PA	IRESSA TABS 250mg	3	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 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
			KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA
			KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM LA PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
LUMAKRAS TABS 120mg	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
MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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 QL (120 tabs / 30 days)	3	NDS QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3	NDS QL 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, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
OPDUALAG SOL	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

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Drug Name	Drug Requirements/ Tier	Limits
RIABNI SOLN 100mg/10ml, 500mg/50ml	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 QL (120 tabs / 30 days)	3	NDS QL NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA
RYDAPT CAPS 25mg	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
STIVARGA TABS 40mg	3	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA
TAFINLAR CAPS 50mg, 75mg	3	NDS NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TAZVERIK TABS 200mg	3	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
TEPMETKO TABS 225mg	3	NDS NM LA PA
TIBSOVO TABS 250mg	3	NDS NM LA PA
TIVDAK SOLR 40mg	3	NDS NM LA PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM LA PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	3	NDS NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	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
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 QL (56 tabs / 28 days)	3	NDS QL 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

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Drug Name	Drug Requirements/ Tier	Limits
VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL 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, 40mg	3	NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	3	NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	3	NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	3	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	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 QL (90 caps / 30 days)	3	NDS QL 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
ZYNLONTA SOLR 10mg	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

Drug Name	Drug Requirements/ Tier	Limits
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml	1	B/D NM
levoleucovorin calcium SOLR 50mg	3	NDS 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- 6.25mg	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	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	3	NDS
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	3	NDS
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1		<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	1	QL	QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	1	QL	<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1	QL	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1	QL	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	1	QL	<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	1	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	1	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	1	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	1	QL	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL	<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL			
QL (30 tabs / 30 days)			ANGIOTENSIN II RECEPTOR ANTAGONISTS		
			<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i>	1	QL
			QL (60 tabs / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg QL (60 tabs / 30 days)	3	NDS QL
ALTOPREV TB24 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL	<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL	<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL	<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL	EZETIMIBE/ROSUVASTATIN TAB 10-5MG QL (30 tabs / 30 days)	3	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	EZETIMIBE/ROSUVASTATIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL	EZETIMIBE/ROSUVASTATIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	EZETIMIBE/ROSUVASTATIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL	JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg 3 NDS NM LA PA	3	NDS NM LA PA
ANTILIPEMICS, MISCELLANEOUS			NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
<i>cholestyramine light</i> PACK 4gm	1		<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg QL (60 tabs / 30 days)	1	QL
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		<i>niacin</i> (antihyperlipidemic) (generic of NIASPAN) TBCR 1000mg QL (60 tabs / 30 days)	1	QL
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1		PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA	<i>prevalite</i> PACK 4gm	1	
			<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ROSZET TAB 5-10MG QL (30 tabs / 30 days)	3	QL	<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
ROSZET TAB 10-10MG QL (30 tabs / 30 days)	3	QL	KASPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
ROSZET TAB 20-10MG QL (30 tabs / 30 days)	3	QL	<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
ROSZET TAB 40-10MG QL (30 tabs / 30 days)	3	QL	<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
VASCEPA CAPS .5gm, 1gm	3		<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
BETA-BLOCKER/DIURETIC COMBINATIONS			<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1		<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg, 80mg	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg (generic of ZIAC)	1		<i>pindolol</i> TABS 5mg, 10mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg (generic of ZIAC)	1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg (generic of ZIAC)	1		<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	1		<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	1		CALCIUM CHANNEL BLOCKERS		
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	1		<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
BETA-BLOCKERS			CARDIZEM LA TB24 120mg	3	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1				
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1				
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1				

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Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NYMALIZE SOLN 6mg/ml	3	NDS
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM PA
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
SOANZ TABS 20mg, 40mg, 60mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	1	
THALITONE TABS 15mg	3	
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate (generic of TEKURNA) TABS 150mg, 300mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	PA
BIDIL TAB	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	
<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1	
<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
<i>digitek (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)</i>	1	QL
<i>digoxin SOLN .05mg/ml</i>	1	
<i>digoxin (generic of LANOXIN) SOLN .25mg/ml</i>	1	
<i>digoxin (generic of LANOXIN) TABS 62.5mcg QL (120 tabs / 30 days)</i>	1	QL
<i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	1	QL
<i>droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)</i>	3	NDS QL NM PA
<i>droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)</i>	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN TABS 62.5mcg QL (120 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metirosine</i> CAPS 250mg	3	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS PA
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
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
NITRATES		
GONITRO PACK 400mcg	3	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (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
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of 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
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TRACLEER TBSO 32mg	3	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
TYVASO SOLN .6mg/ml	3	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
TYVASO DPI POW 16-32-48	3	NDS NM LA PA
TYVASO DPI POW 16-32MCG	3	NDS NM LA PA
TYVASO DPI POW 32-48MCG	3	NDS NM LA PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA
UPTRAVI PACK TAB 200/800	3	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	1	QL PA
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> CP24 100mg QL (90 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> CP24 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	3	NDS QL
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
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ethosuximide</i> CAPS 250mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>felbamate</i> (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 QL (720 mL / 30 days)	3	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	3	NDS QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of LACOSAMIDE) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
NAYZILAM SOLN 5mg/0.1ml	3	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	3	NDS
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	3	PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
PHENYTEK CAPS 200mg, 300mg	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA	<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA	SYMPAZAN FILM 5mg QL (60 films / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA	<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2300 mL / 28 days)	3	NDS QL PA	<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	3	NDS QL PA	<i>valproic acid</i> CAPS 250mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA	VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	3	NDS QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		VIMPAT SOLN 200mg/20ml	3	NDS
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		XCOPRI TABS 50mg QL (90 tabs / 30 days)	3	NDS QL
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
			XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
			XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
			XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL

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

Drug Name	Drug Requirements/ Tier	Limits
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	3	NDS QL NM LA PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
<i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	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	

Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
<i>doxepin hcl</i> CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA
FETZIMA CAP TITRATIO	3	PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
MARPLAN TABS 10mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL SUSP 10mg/5ml	3	PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA if 70 years and older	2	PA
PEXEVA TABS 10mg, 30mg QL (60 tabs / 30 days)	3	QL
PEXEVA TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> (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
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 225mg	1		<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
VIIBRYD KIT STARTER	3		<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1		<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
ANTIPARKINSONIAN AGENTS			DUOPA SUS 4.63-20	3	NDS B/D NM
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1		GOCOVRI CP24 68.5mg, 137mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
<i>benztropine mesylate</i> SOLN 1mg/ml	1		INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM LA PA
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA	KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	3	NDS QL NM PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1		NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM LA
<i>carb/levo orally disintegrating tab 25-100mg</i>	1		ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
<i>carb/levo orally disintegrating tab 25-250mg</i>	1		OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM PA
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1		OSMOLEX ER PAK QL (60 tabs / 30 days)	3	QL NM PA
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1		<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1				
<i>carbidopa & levodopa tab er 25-100 mg</i>	1				
<i>carbidopa & levodopa tab er 50-200 mg</i>	1				
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1				
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	1	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> 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 QL (1 syringe / 28 days)	3	NDS QL
ABILIFY MAINTENA 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
ABILIFY MYCITE MAINTENANC TBPk 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
ABILIFY MYCITE STARTER KI TBPk 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	3	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	3	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg QL (30 caps / 30 days)	3	NDS QL PA
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	3	QL PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	3	NDS QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA
FANAPT PAK	3	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	3	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	3	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	3	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> TABS 150mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (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

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Drug Name	Drug Requirements/ Tier	Limits
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
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
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
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL
VRAYLAR CAP 1.5-3MG	3	
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL NM 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
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
DYANAVEL XR CHER 5mg QL (60 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
DYANAVEL XR CHER 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	METHYLPHENIDATE HYDROCHLO TBCR 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
			QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA
			QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
			QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
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
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>zenzedi</i> 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
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eszopiclone</i> (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 QL (30 caps / 30 days)	3	NDS QL NM LA PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM LA PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
<i>temazepam</i> (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
<i>temazepam</i> (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
<i>temazepam</i> (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
<i>temazepam</i> (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>zaleplon</i> 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
<i>zolpidem tartrate</i> (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
<i>zolpidem tartrate</i> (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
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	3	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	1	QL PA
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	NDS QL PA
<i>rizatriptan benzoate</i> TABS 5mg; TBCR 5mg QL (18 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBCR 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (4 syringes / 365 days)	3	NDS QL NM LA PA
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
EXSERVAN FILM 50mg QL (60 films / 30 days)	3	NDS QL NM LA PA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	3	NDS QL NM LA PA
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM LA PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (140 mL / year)	3	NDS QL NM LA PA
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
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
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (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
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs in lifetime)	3	NDS QL NM LA PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs in lifetime)	3	NDS QL NM LA PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM PA	MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs in lifetime)	3	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs in lifetime)	3	NDS QL NM LA PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs in lifetime)	3	NDS QL NM LA PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA	MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	PLEGRIDY INJ STARTER QL (2 syringes / 28 days)	3	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs in lifetime)	3	NDS QL NM LA PA	PLEGRIDY PEN INJ STARTER QL (2 pens / 28 days)	3	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs in lifetime)	3	NDS QL NM LA PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
			PONVORY TAB STARTER	3	NDS NM LA PA
			VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL 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

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Drug Name	Drug Requirements/ Tier	Limits
ZEPOSIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	3	NDS PA
LYVISPAH PACK 5mg, 10mg	3	PA
LYVISPAH PACK 20mg	3	NDS PA
<i>metaxalone</i> (generic of SKELAXIN) TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>methocarbamol</i> TABS 500mg, 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
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (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

Drug Name	Drug Requirements/ Tier	Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 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		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	
CHANTIX TAB 0.5& 1MG	3	PA
<i>disulfiram TABS 250mg, 500mg</i>	1	
KLOXXADO LIQD 8mg/0.1ml	2	
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
<i>naloxone hcl (generic of NARCAN) LIQD 4mg/0.1ml</i>	1	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	PA
VIVITROL SUSR 380mg	3	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
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

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml	3	NM LA PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	3	NDS QL PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
<i>oxandrolone TABS 2.5mg</i> QL (120 tabs / 30 days)	1	QL PA
<i>oxandrolone TABS 10mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>testosterone GEL 1%, 50mg/5gm</i> QL (300 gm / 30 days)	1	QL PA
<i>testosterone (generic of ANDROGEL PUMP) GEL 1.62%</i> QL (150 gm / 30 days)	1	QL PA
<i>testosterone (generic of FORTESTA) GEL 10mg/act</i> QL (120 gm / 30 days)	1	QL PA
<i>testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm</i> QL (150 gm / 30 days)	1	QL PA
<i>testosterone (generic of ANDROGEL) GEL 25mg/2.5gm</i> QL (300 gm / 30 days)	1	QL PA
<i>testosterone SOLN 30mg/act</i> QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	1	PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA	<i>glipizide-metformin hcl tab 5- 500 mg</i> QL (120 tabs / 30 days)	1	QL
ANTIDIABETICS			GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
<i>acarbose</i> (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1		GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
			<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (780 mL / 30 days)	1	QL
			<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
			<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
			<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1		SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL	SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
ANTIDIABETICS, INSULINS			NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
BASAGLAR KWIKPEN SOPN 100unit/ml	2		NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
BD ALCOHOL SWABS	2		OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
FIASP FLEX INJ TOUCH	2		OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
FIASP INJ 100/ML	2		OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
FIASP PENFIL INJ U-100	2		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
GAUZE PADS 2X2	2		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D	OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	3	QL PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS	PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	2	
INSULIN SAFETY NEEDLES	2		SOLIQUA INJ 100/33 QL (10 pens / 30 days)	2	QL
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	2		TRESIBA SOLN 100unit/ml	2	
LEVEMIR SOLN 100unit/ml	2		TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2				
NOVOLIN INJ 70/30 (brand RELION not covered)	2				
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2				
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2				
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2				

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Drug Name	Drug Requirements/ Tier	Limits
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		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
BINOSTO TBEF 70mg	3	
<i>calcitonin (salmon) spray</i> 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	
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	3	NDS NM PA
ZOLEDRONIC ACID SOLN 4mg/100ml	1	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	3	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>amethia</i> (generic of SEASONIQUE)	1	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1
<i>amethyst</i>	1	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
ANNOVERA MIS	3	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>apri</i>	1	<i>elinest</i>	1
<i>aranelle</i>	1	ELLA TABS 30mg	2
<i>ashlyna</i> (generic of SEASONIQUE)	1	<i>eluryng</i> (generic of NUVARING)	1
<i>aubra eq</i>	1	<i>emoquette</i>	1
<i>aurovela 1/20</i>	1	<i>enpresse-28</i>	1
<i>aurovela 24 fe</i>	1	<i>enskyce</i>	1
<i>aurovela fe 1.5/30</i>	1	<i>errin</i> TABS .35mg	1
<i>aurovela fe 1/20</i>	1	<i>estarylla</i>	1
<i>aviane</i>	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ayuna</i>	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>azurette</i> (generic of MIRCETTE)	1	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
BALCOLTRA TAB 0.1-20	3	<i>falmina</i>	1
<i>balziva</i>	1	<i>femynor</i>	1
<i>blisovi 24 fe</i>	1	<i>gemmily</i> (generic of TAYTULLA)	1
<i>blisovi fe 1.5/30</i>	1	<i>hailey 1.5/30</i>	1
<i>briellyn</i>	1	<i>hailey 24 fe</i>	1
<i>camila</i> TABS .35mg	1	<i>heather</i> TABS .35mg	1
<i>camrese</i> (generic of SEASONIQUE)	1	<i>iclevia</i>	1
<i>camrese lo</i> (generic of LOSEASONIQUE)	1	<i>incassia</i> TABS .35mg	1
<i>chateal</i>	1	<i>introvale</i>	1
<i>cryselle-28</i>	1	<i>isibloom</i>	1
<i>cyred eq</i>	1	<i>jasmiel</i> (generic of YAZ)	1
<i>dasetta 1/35</i>	1	<i>jolessa</i>	1
<i>dasetta 7/7/7</i>	1	<i>juleber</i>	1
<i>daysee</i> (generic of SEASONIQUE)	1	<i>junel 1.5/30</i>	1
<i>deblitane</i> TABS .35mg	1	<i>junel 1/20</i>	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	<i>junel fe 1.5/30</i>	1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1	<i>junel fe 1/20</i>	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<i>junel fe 24</i>	1
<i>dolishale</i>	1		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>kaitlib fe</i> (generic of GENERESS FE)	1	<i>loestrin 1/20-21</i>	1
<i>kariva</i> (generic of MIRCETTE)	1	<i>loestrin fe 1.5/30</i>	1
<i>kelnor 1/35</i>	1	<i>loestrin fe 1/20</i>	1
<i>kelnor 1/50</i>	1	<i>loryna</i> (generic of YAZ)	1
<i>kurvelo</i>	1	<i>low-ogestrel</i>	1
<i>larin 1.5/30</i>	1	<i>luteru</i>	1
<i>larin 1/20</i>	1	<i>lyleq</i> TABS .35mg	1
<i>larin 24 fe</i>	1	<i>lyza</i> TABS .35mg	1
<i>larin fe 1.5/30</i>	1	<i>marlissa</i>	1
<i>larin fe 1/20</i>	1	<i>medroxyprogesterone acetate</i> 1 (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>larissia</i>	1	<i>merzee</i> (generic of TAYTULLA)	1
<i>layolis fe</i> (generic of GENERESS FE)	1	<i>microgestin 1.5/30</i>	1
<i>leena</i>	1	<i>microgestin 1/20</i>	1
<i>lessina</i>	1	<i>microgestin 24 fe</i>	1
<i>levonest</i>	1	<i>microgestin fe 1.5/30</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (generic of QUARTETTE)	1	<i>microgestin fe 1/20</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	1	<i>mili</i>	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	1	<i>mono-linyah</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	NATAZIA TAB	3
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<i>necon 0.5/35-28</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	NEXTSTELLIS TAB 3-14.2MG	3 PA
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	<i>nikki</i> (generic of YAZ)	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<i>nora-be</i> TABS .35mg	1
<i>levora 0.15/30-28</i>	1	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1
<i>lillow</i>	1	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (generic of GENERESS FE)	1
LO LOESTRIN TAB 1-10-10	3	<i>norethindrone (contraceptive)</i> TABS .35mg	1
<i>loestrin 1.5/30-21</i>	1	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
		<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
		<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (generic of MINASTRIN 24 FE)	1	<i>tarina fe 1/20 eq</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	1	<i>taysofy</i> (generic of TAYTULLA)	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<i>tilia fe</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1	<i>tri-estarylla</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	<i>tri-legest fe</i>	1
<i>norlyroc TABS .35mg</i>	1	<i>tri-linyah</i>	1
<i>nortrel 0.5/35 (28)</i>	1	<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 1/35 (21)</i>	1	<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 1/35 (28)</i>	1	<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nortrel 7/7/7</i>	1	<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>nylia 1/35</i>	1	<i>tri-mili</i>	1
<i>nylia 7/7/7</i>	1	<i>tri-nymyo</i>	1
<i>nymyo</i>	1	<i>tri-sprintec</i>	1
<i>ocella</i> (generic of YASMIN 28)	1	<i>tri-vylibra</i>	1
<i>orsythia</i>	1	<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
PHEXXI GEL	3	<i>trivora-28</i>	1
<i>philith</i>	1	TYBLUME CHW 0.1-0.02	3
<i>pimtrea</i> (generic of MIRCETTE)	1	<i>tydemy</i> (generic of SAFYRAL)	1
<i>pirmella 1/35</i>	1	<i>velivet</i>	1
<i>portia-28</i>	1	<i>vestura</i> (generic of YAZ)	1
<i>reclipsen</i>	1	<i>vienva</i>	1
<i>rivelsa</i> (generic of QUARTETTE)	1	<i>viorele</i> (generic of MIRCETTE)	1
<i>setlakin</i>	1	<i>vyfemla</i>	1
<i>sharobel TABS .35mg</i>	1	<i>vylibra</i>	1
<i>simliya</i> (generic of MIRCETTE)	1	<i>wera</i>	1
<i>simpesse</i> (generic of SEASONIQUE)	1	<i>wymzya fe</i>	1
SLYND TABS 4mg	3	<i>xulane</i>	1
<i>sprintec 28</i>	1	<i>zafemy</i>	1
<i>sronyx</i>	1	<i>zovia 1/35</i>	1
<i>syeda</i> (generic of YASMIN 28)	1	<i>zumandimine</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1	ENDOMETRIOSIS	
		<i>danazol CAPS 50mg, 100mg, 200mg</i>	
		ORILISSA TABS 150mg, 200mg	3 NDS PA
		SYNAREL SOLN 2mg/ml	3 NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ESTROGENS					
<i>amabelz</i>	2		<i>jinteli</i>	2	
DELESTROGEN OIL 10mg/ml	3		<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
DEPO-ESTRADIOL OIL 5mg/ml	3		MENEST TABS .3mg, .625mg, 1.25mg	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3		MENOSTAR PTWK 14mcg/24hr	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>mimvey</i> (generic of ACTIVELLA)	2	
ELESTRIN GEL .06%	3		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2		PREMARIN CREA .625mg/gm; SOLR 25mg	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2		PREMPHASE TAB	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2		PREMPRO TAB	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1		PREMPRO TAB 0.3-1.5	2	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1		PREMPRO TAB 0.45-1.5	2	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1		PREMPRO TAB 0.625-5	2	
ESTRING RING 2mg	3		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
ESTROGEL GEL .06%	3		GLUCOCORTICOIDS		
FEMRING RING .05mg/24hr, .1mg/24hr	3		ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA PA
<i>fyavolv tab 0.5mg-2.5mcg</i>	2		ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>fyavolv tab 1mg-5mcg</i>	2		<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA	DEPO-MEDROL SUSP 20mg/ml	3	B/D
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA	<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
			DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
			<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (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
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	B/D
TARPEYO CPDR 4mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</i> SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 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
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM LA PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 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
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM
<i>cinacalcet hcl</i> (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
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i> 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 CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUEICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	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
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>miglustat</i> (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
MYFEMBREE TAB	3	NDS PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	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
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
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
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
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
RECORLEV TABS 150mg	3	NDS NM LA PA
REVCIVI 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
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 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
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (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

Drug Name	Drug Requirements/ Tier	Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
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
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA 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		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	
PHOSLYRA SOLN 667mg/5ml	3	
<i>sevelamer carbonate</i> (generic of RENEVA) PACK 2.4gm; TABS 800mg	1	
<i>sevelamer carbonate</i> (generic of RENEVA) PACK .8gm	3	NDS
<i>sevelamer hcl</i> TABS 400mg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	3	NDS
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	1	

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SUSR 125mg/5ml	3	B/D
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TDBP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
METOCLOPRAMIDE ODT TDBP 10mg	3	
<i>ondansetron</i> TDBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
<i>promethegan</i> 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
<i>scopolamine</i> (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
VARUBI TBP 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA if 70 years and older	1	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS PA
DIPENTUM CAPS 250mg	3	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
ORTIKOS CP24 6mg, 9mg	3	NDS PA
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL
SFROWASA ENEM 4gm/60ml	3	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
LAXATIVES		
CLENPIQ SOL	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
NULYTELY SOL LMN/LIME	2	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	

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

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg QL (180 caps / 30 days)	1	QL
<i>lubiprostone</i> (generic of AMITIZA) CAPS 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTI-K TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
OMECLAMOX- MIS PAK	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
SUCRAID SOLN 8500unit/ml	3	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
VOQUEZNA PAK DUAL PAK QL (2 boxes / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 boxes / year)	3	QL
XERMELO TABS 250mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
XIFAXAN TABS 550mg	3	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
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	
PANCREAZE CAP 37000	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	

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Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
NEXIUM PACK 2.5mg, 5mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
INTRAROSA INST 6.5mg	3	PA
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA TABS 100mg	3	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1		FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS
TOVIAZ TB24 4mg, 8mg	2		FRAGMIN SOSY 2500unit/0.2ml	3	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1		HEP SOD/D5W INJ 20000UNT	1	
VESICARE LS SUSP 5mg/5ml	3		HEP SOD/D5W INJ 25000UNT	1	
VAGINAL ANTI-INFECTIVES			HEP SOD/NACL INJ 25000UNT	2	
CLEOCIN SUPP 100mg	3		HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
CLINDESSE CREA 2%	3		HEPARIN/NACL INJ 25000UNT	2	
GYNAZOLE-1 CREA 2%	3		<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>metronidazole vaginal</i> GEL .75%	1		PRADAXA CAPS 75mg, 150mg	3	QL
<i>miconazole 3</i> SUPP 200mg	1		QL (60 caps / 30 days)		
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1		PRADAXA CAPS 110mg	3	QL
VANAZOLE GEL .75%	1		QL (120 caps / 30 days)		
HEMATOLOGIC ANTICOAGULANTS			<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL	XARELTO SUSR 1mg/ml	2	QL
QL (60 caps / 30 days)			QL (620 mL / 30 days)		
ELIQUIS TABS 2.5mg	2	QL	XARELTO TABS 2.5mg	2	QL
QL (60 tabs / 30 days)			QL (60 tabs / 30 days)		
ELIQUIS TABS 5mg	2	QL			
QL (74 tabs / 30 days)					
ELIQUIS STARTER PACK	2	QL			
TBPK 5mg					
QL (74 tabs / 30 days)					
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1				

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

Drug Name	Drug Requirements/ Tier	Limits
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; 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
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (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
<i>cilostazol</i> 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	
EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	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
<i>icatibant acetate</i> (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
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
OXBRYTA TABS 500mg; TBSO 300mg	3	NDS NM LA PA
<i>pentoxifylline</i> 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
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	3	NDS QL NM LA PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	3	NDS QL NM LA PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	3	NDS QL NM LA PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	3	NDS QL NM LA PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	3	NDS QL NM PA	AVSOLA SOLR 100mg	3	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA	CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
SIKLOS TABS 100mg	3		ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	3	NDS QL NM PA
SIKLOS TABS 1000mg	3	NDS	ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	3	NDS QL NM LA PA	ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	3	NDS QL NM PA
TAKHZYRO SOSY 300mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM LA PA	ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	ENTYVIO SOLR 300mg	3	NDS NM PA
TAVNEOS CAPS 10mg	3	NDS NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1		HUMIRA PEDIA INJ CROHNS	3	NDS NM PA
ULTOMIRIS SOLN 300mg/30ml, 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA	HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM PA
PLATELET AGGREGATION INHIBITORS			HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
BRILINTA TABS 60mg, 90mg	3		HUMIRA PEN KIT PS/UV	3	NDS NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	NDS NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA	HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1				
ZONTIVITY TABS 2.08mg	3				
IMMUNOLOGIC AGENTS					
AUTOIMMUNE AGENTS					
ADBRY SOSY 150mg/ml QL (56 syringes / year)	3	NDS QL NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits
OTEZLA TABS 30mg QL (60 tabs / 30 days)	3	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	3	NDS QL NM PA
RENFLEXIS SOLR 100mg	3	NDS NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA
RINVOQ TB24 45mg QL (112 tabs / year)	3	NDS QL NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	3	NDS QL NM PA
SKYRIZI SOCT 360mg/2.4ml QL (7 cartridges / 365 days)	3	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	3	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / 365 days)	3	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / 365 days)	3	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (2 vials / 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 SOLN 1mg/ml QL (240 mL / 24 days)	3	NDS QL NM 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 SULFAT TABS 100mg, 300mg, 400mg	3	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> 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
BIVIGAM SOLN 10%	3	NDS NM LA 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

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Drug Name	Drug Requirements/ Tier	Limits
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
ILARIS SOLN 150mg/ml	3	NDS NM LA PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 5000000unit	3	NDS B/D NM
INTRON A SOLR 10000000unit	2	B/D NM
INTRON A SOLR 18000000unit	3	B/D NM
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM PA
RAGWITEK SUBL 12amba1- u	3	PA
VYVGART SOLN 400mg/20ml	3	NDS NM LA 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	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	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
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA
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
REZUROCK TABS 200mg	3	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	2	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (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 SOLR 50mg	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DENGVAXIA SUS	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 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.) SUSR 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	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PREHEVBRIO SUSP 10mcg/ml	2	B/D
PRIORIX INJ	2	
PROQUAD INJ	2	

Drug Name	Drug Requirements/ Tier	Limits
QUADRACEL INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/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
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2	
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/NACL 0.45%)	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/NACL 0.3%)	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9%	3
<i>lactated ringer's solution</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2
<i>magnesium sulfate SOLN 50%</i>	2

Drug Name	Drug Requirements/ Tier Limits
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
MG SO4/D5W INJ 10MG/ML	2
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
<i>potassium chloride SOLN 2meq/ml</i>	1
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	3
<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
TPN ELECTROL INJ	3 B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>klor-con PACK 20meq</i>	1
<i>klor-con 8 TBCR 8meq</i>	1
<i>klor-con 10 TBCR 10meq</i>	1
<i>klor-con m10 TBCR 10meq</i>	1
<i>klor-con m15 TBCR 15meq</i>	1
<i>klor-con m20 TBCR 20meq</i>	1
M-NATAL PLUS TAB	2
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1
<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
PRENATAL VIT TAB LOW IRON	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
TRICARE TAB PRENATAL	2

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IV NUTRITION					
CLINIMIX E INJ 2.75/D5W	3	B/D	<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
CLINIMIX E INJ 4.25/D5W	3	B/D	TOBRADEX OIN 0.3-0.1%	2	
CLINIMIX E INJ 4.25/D10	3	B/D	TOBRADEX ST SUS 0.3-0.05	2	
CLINIMIX E INJ 5%/D15W	3	B/D	<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
CLINIMIX E INJ 5%/D20W	3	B/D	ZYLET SUS 0.5-0.3%	2	
CLINIMIX E INJ 8/10	3	B/D	ANTI-INFECTIVES		
CLINIMIX E INJ 8/14	3	B/D	AZASITE SOLN 1%	3	
CLINIMIX INJ 4.25/D5W	3	B/D	<i>bacitracin (ophthalmic) OINT</i>	1	
CLINIMIX INJ 4.25/D10	3	B/D	500unit/gm		
CLINIMIX INJ 5%/D15W	3	B/D	<i>bacitracin-polymyxin b ophth oint</i>	1	
CLINIMIX INJ 5%/D20W	3	B/D	BESIVANCE SUSP .6%	2	
CLINIMIX INJ 6/5	3	B/D	CILOXAN OINT .3%	2	
CLINIMIX INJ 8/10	3	B/D	<i>ciprofloxacin hcl (ophth)</i>	1	
CLINIMIX INJ 8/14	3	B/D	SOLN .3%		
<i>clinisol sf 15%</i>	1	B/D	<i>erythromycin (ophth) OINT</i>	1	
CLINOLIPID EMU 20%	3	B/D	5mg/gm		
<i>dextrose SOLN 5%, 10%</i>	1		<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D	<i>gentak OINT .3%</i>	1	
FREAMINE III INJ 10%	3	B/D	<i>gentamicin sulfate (ophth)</i>	1	
<i>hepatamine</i>	3	B/D	SOLN .3%		
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D	<i>levofloxacin (ophth) SOLN</i>	1	
NUTRILIPID EMUL 20gm/100ml	3	B/D	.5%		
<i>plenamine</i>	1	B/D	<i>moxifloxacin hcl (ophth)</i>	1	
PREMASOL SOL 10%	3	B/D	SOLN .5%		
PROCALAMINE INJ 3%	3	B/D	<i>moxifloxacin hcl (ophth)</i>	1	
PROSOL INJ 20%	3	B/D	(generic of VIGAMOX) SOLN		
SMOFLIPID EMU	3	B/D	.5%		
TRAVASOL INJ 10%	3	B/D	NATACYN SUSP 5%	3	
TROPHAMINE INJ 10%	3	B/D	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
OPHTHALMIC					
ANTI-INFECTIVE/ANTI-INFLAMMATORY					
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1		<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
BLEPHAMIDE OIN S.O.P.	3		<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1		<i>sulfacetamide sodium (ophth)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1		OINT 10%; SOLN 10%		
PRED-G S.O.P OIN OP	3				
PRED-G SUS OP	3				

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Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	2	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate</i> (generic of LOTE MAX) GEL .5%; SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	

Drug Name	Drug Requirements/ Tier	Limits
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	3	NDS NM LA
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
LASTACFT SOLN .25%	3	
<i>olopatadine hcl</i> SOLN .1%, .2%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	

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

Drug Name	Drug Requirements/ Tier	Limits
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC OCUDOSE) SOLN .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5%	1	
TIMOPTIC OCUDOSE SOLN .25%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> (generic of ATROPINE SULFATE) SOLN 1%	1	
BEOVU SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM LA PA
CYSTARAN 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
ISOPTO ATROPINE SOLN 1%	2	
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
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	

Drug Name	Drug Requirements/ Tier	Limits
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS NM LA PA
VABYSMO SOLN 6mg/0.05ml	3	NDS NM LA PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone</i> <i>otic susp 0.3-0.1%</i> (generic of CIPRODEX)	1	
<i>ciprofloxacin-fluocinolone</i> <i>acetone (pf) otic soln 0.3- 0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid</i> <i>otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL

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

Drug Name	Drug Requirements/ Tier	Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBDP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml PA if 70 years and older	2	PA
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg PA if 70 years and older	1	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	1	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 70 years and older	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	3	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	3	NDS B/D
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
ELIXOPHYLLIN ELIX 80mg/15ml	3	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
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
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	3	NDS NM LA 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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA
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	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG 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
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
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

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

Drug Name	Drug Requirements/ Tier	Limits
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
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 LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>adapalene</i> GEL .1% QL (45 gm / 30 days)	1	QL PA
<i>adapalene</i> (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
<i>avita</i> (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>avita</i> GEL .025% QL (45 gm / 30 days)	1	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM 1%	1	
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA) QL (60 gm / 30 days)	1	QL
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
DIFFERIN LOTN .1% QL (59 mL / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3- 2.5%	3	
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A 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
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> 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
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5% QL (5 packets / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> (generic of LOPROX) CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream</i> 1- 0.05% QL (45 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i> QL (30 mL / 30 days)	1	QL
<i>econazole nitrate CREA 1%</i> QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL
<i>ketoconazole (topical) CREA 2%</i> QL (60 gm / 30 days)	1	QL
MENTAX CREA 1% QL (30 gm / 30 days)	3	QL
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl CREA 1%; GEL 1%</i> QL (90 gm / 30 days)	1	QL
<i>naftifine hcl CREA 2%</i> QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene FOAM .005%; OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene SOLN .005%</i> QL (120 mL / 30 days)	1	QL PA
<i>calcitrene OINT .005%</i> QL (120 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methoxsalen rapid CAPS 10mg</i>	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>tazarotene (generic of TAZORAC) CREA .1%</i> 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
VTAMA CREA 1% QL (60 gm / 30 days)	3	NDS QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i> QL (120 mL / 30 days)	1	QL
<i>selenium sulfide LOTN 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%, 2.5%</i>	1	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	NDS QL
<i>alclometasone dipropionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	1	QL
<i>amcinonide LOTN .1%</i>	1	
APEXICON E CREA .05% QL (60 gm / 30 days)	3	NDS QL
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
CAPEX SHAM .01%	3	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> <i>emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
DUOBRII LOT QL (200 gm / 28 days)	3	NDS QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
IMPEKLO LOTN .15mg/act QL (68 gm / 30 days)	3	NDS QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1% QL (80 gm / 30 days)	3	NDS QL
<i>prednicarbate</i> OINT .1%	1	
<i>tovet</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (<i>topical</i>) CREA .1% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (<i>topical</i>) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .1% QL (454 gm / 30 days)	1	QL
<i>triderm</i> CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	NDS QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL
FLUOROPLEX CREA 1% QL (30 gm / 30 days)	3	NDS QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	3	NDS QL NM LA PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	QL
<i>metronidazole (topical)</i> GEL .75%	1	QL
QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	QL
QL (59 mL / 30 days)		
MIRVASO GEL .33%	3	QL
QL (30 gm / 30 days)		
NORITATE CREA 1%	3	NDS QL
QL (60 gm / 30 days)		
OPZELURA CREA 1.5%	3	NDS QL PA
QL (240 gm / 28 days)		
PANRETIN GEL .1%	3	NDS QL PA
QL (60 gm / 30 days)		
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	QL PA
QL (100 gm / 30 days)		
<i>podofilox</i> SOLN .5%	1	QL
QL (7 mL / 28 days)		
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
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)		
<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	QL
QL (45 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%	1	QL
QL (100 gm / 30 days)		
TARGETIN 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 PA
QL (30 gm / 30 days)		
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	QL
QL (454 gm / 30 days)		
<i>ivermectin (pediculicide)</i> LOTN .5%	1	
<i>malathion</i> LOTN .5%	1	QL
QL (59 mL / 30 days)		
<i>permethrin</i> CREA 5%	1	QL
QL (60 gm / 30 days)		
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS QL PA
QL (30 gm / 30 days)		
SANTYL OINT 250unit/gm	3	QL
QL (180 gm / 30 days)		
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL
QL (150 lozenges / 30 days)		
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	

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This formulary was updated on 10/25/2022. For more recent information or other questions, please contact 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.

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