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***SilverScript Employer PDP sponsored by Los Angeles Unified School District (LAUSD) (SilverScript)***

**2026 Formulary  
(List of Covered Drugs or "Drug List")**

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

This formulary was updated on 08/19/2025. For more recent information or other questions, please contact Customer Care at 1-844-819-3075, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 26021

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

When this Drug List (formulary) refers to "we," "us," or "our," it means SilverScript<sup>®</sup> Insurance Company. When it refers to "plan" or "our plan," it means SilverScript.

This document includes a Drug List (formulary) for our plan, which is current as of January 1, 2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

## **What is the SilverScript formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript 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:** Los Angeles Unified School District (LAUSD) provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by Los Angeles Unified School District (LAUSD) covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefits. Customer Care also has free language interpreter services available for non-English speakers.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [Caremark.com](http://Caremark.com).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript's formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits and/or prior authorization 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 34-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript's formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2026. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

### **How do I use the formulary?**

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

#### **Alphabetical Listing**

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

#### **Medical Condition**

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

#### **What are generic drugs?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

#### **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization (PA):** Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, there is a quantity limit on the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

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

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

You can ask SilverScript 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's formulary?" for information about how to request an exception.

## **What if my drug is not on the formulary?**

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

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

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

Los Angeles Unified School District (LAUSD) 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's formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SilverScript limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

### **For more information**

For more detailed information about your SilverScript 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](http://www.Medicare.gov).

## **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:**

	<b>Network Retail Pharmacy</b> (Up to a 34-day supply available at <u>any</u> network pharmacy)	<b>Mail-Order Pharmacy</b> (Up to a 34-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$5.00	\$10.00	\$5.00
<b>Tier 2: Preferred Brand</b>	\$25.00	\$50.00	\$25.00
<b>Tier 3: Non-Preferred Brand</b>	\$45.00	\$90.00	\$45.00

For long term supply cost information, please refer to your *Evidence of Coverage*.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Costs shown in the table above reflect the additional coverage that may be provided by Los Angeles Unified School District (LAUSD). Drugs that are part of your standard Medicare plan, but do not have additional coverage from Los Angeles Unified School District (LAUSD) would be covered under the 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

### **SilverScript'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
NM	Not available at our mail-order pharmacies.
NDS	Non-extended day supply. Not available for an extended (long-term) supply.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>					
<b>GOUT</b>					
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	COMBOGESIC INJ 300-1000	3	
ALOPRIM SOLR 500mg	3	NDS	DAYPRO TABS 600mg	3	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg	1		<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg	3	NDS
<i>colchicine</i> TABS .6mg	1		<i>diclofenac potassium</i> TABS 25mg	3	NDS
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>diclofenac potassium</i> TABS 50mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
GLOPERBA SOLN .6mg/5ml	3		<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM PA	<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
MITIGARE CAPS .6mg	3		<i>diflunisal</i> TABS 500mg	1	
<i>probenecid</i> TABS 500mg	1		DOLOBID TABS 250mg, 375mg	3	NDS
ULORIC TABS 40mg, 80mg	3		<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<b>MISCELLANEOUS</b>					
<i>acetaminophen</i> SOLN 10mg/ml	1		<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D	<i>fenoprofen calcium</i> CAPS 400mg	1	
DURACLON SOLN 100mcg/ml	3	B/D	FENOPRON CAPS 300mg	3	NDS
JOURNAVX TABS 50mg	3		<i>flurbiprofen</i> TABS 100mg	1	
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>ibuprofen-famotidine tab</i> 800- 26.6 mg (generic of DUEXIS)	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>ketoprofen</i> CAPS 25mg, 50mg	3	NDS
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>ketoprofen</i> CP24 200mg	1	
<b>NSAIDS</b>					
ARTHROTEC 50 TAB	3		<i>kеторолак трометамол</i> TABS 10mg	1	
ARTHROTEC 75 TAB	3		<i>kiprofen</i> CAPS 25mg	3	NDS
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3		<i>lofena</i> TABS 25mg	3	NDS
			<i>meclofenamate sodium</i> CAPS 50mg, 100mg	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	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>mefenamic acid</i> CAPS 250mg	1			<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>meloxicam</i> CAPS 5mg, 10mg; TABS 7.5mg, 15mg	1			BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA	
<i>nabumetone</i> TABS 500mg, 750mg	1			CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA	
NAPRELAN TB24 375mg, 500mg, 750mg	3	NDS		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA	
<i>naproxen</i> SUSP 125mg/5ml; TABS 250mg, 375mg	1			hydrocodone bitartrate	CP12	1	QL PA
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1			10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)			
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg	1			hydrocodone bitartrate	T24A	1	QL PA
<i>naproxen dr</i> (generic of EC- NAPROSYN) TBEC 500mg	1			20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)			
<i>naproxen sodium</i> TABS 275mg	1			hydrocodone bitartrate	T24A	3	NDS QL PA
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1			100mg, 120mg QL (30 tabs / 30 days)			
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg, 500mg, 750mg	1			<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA	
<i>naproxen-esomeprazole</i> 3 <i>magnesium tab dr</i> 375-20 mg	3	NDS		HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA	
<i>naproxen-esomeprazole</i> 3 <i>magnesium tab dr</i> 500-20 mg (generic of VIMOVO)	3	NDS		HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	3	NDS QL PA	
<i>oxaprozin</i> TABS 600mg	1			<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	3	NDS QL PA	
<i>piroxicam</i> CAPS 10mg, 20mg	1			<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA	
RELAFEN DS TABS 1000mg	3	NDS		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA	
SPRIX SOLN 15.75mg/spray	3	NDS NM					
<i>sulindac</i> TABS 150mg, 200mg	1						
<i>tolectin</i> 600 TABS 600mg	3	NDS					
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	3	NDS					
ZIPSOR CAPS 25mg	3	NDS					
<b>OPIOID ANALGESICS, LONG-ACTING</b>							
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA					
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS 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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
METHADONE HCL INJ SOLN 10mg/ml		3	XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA	XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	3	NDS QL PA	
<i>morphine sulfate</i> CP24 10mg, 1 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)		QL PA	<b>OPIOID ANALGESICS, SHORT-ACTING</b>			
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA	<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL	
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA	<i>acetaminophen w/ codeine</i> tab 300-15 mg QL (400 tabs / 30 days)	1	QL	
<i>morphine sulfate beads</i> CP24 1 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)		QL PA	<i>acetaminophen w/ codeine</i> tab 300-30 mg QL (360 tabs / 30 days)	1	QL	
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA	<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap</i> 320.5-30- 16 mg QL (300 caps / 30 days)	1	QL	
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	3	NDS QL PA	<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3		
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA	<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL	
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA	CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL	
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	3	NDS QL PA	DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA	DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D	
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	3	NDS QL PA	DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA	DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL	
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA	<i>endocet tab</i> 2.5-325mg (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>endocet tab 7.5-325mg (generic of PERCOSET) QL (240 tabs / 30 days)</i>	1	QL	<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>endocet tab 10-325mg (generic of PERCOSET) QL (180 tabs / 30 days)</i>	1	QL	<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)</i>	1	QL	<b>HYDROMORPHONE</b>	3	B/D
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml QL (2700 mL / 30 days)</i>	1	QL	<b>HYDROCHLORIC ACID SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml</b>		
<i>hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)</i>	1	QL	<b>MORPHINE SULFATE SOLN</b>	3	B/D
<i>hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)</i>	1	QL	<b>2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</b>		
<i>hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)</i>	1	QL	<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)</i>	1	QL	<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)</i>	1	QL	<i>morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)</i>	1	QL	<i>morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)</i>	1	QL	<b>MORPHINE SULFATE/SODIUM CHLORIDE SOLN 1mg/ml</b>	3	B/D
<i>hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)</i>	1	QL	<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)</i>	1	QL	<i>NALOCET TAB 2.5-300 QL (360 tabs / 30 days)</i>	3	NDS QL PA
<i>hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)</i>	1	QL	<i>NUCYNTA TABS 50mg QL (180 tabs / 30 days)</i>	3	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)</i>	1	QL	<i>NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)</i>	3	NDS QL PA
<i>hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D	<i>OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)</i>	3	NDS QL PA
			<i>OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)</i>	3	NDS QL PA
			<i>OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)</i>	3	NDS QL PA
			<i>OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)</i>	3	NDS QL PA

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>		<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
OXYCOD/APAP TAB 10-300MG	3	NDS QL PA QL (180 tabs / 30 days)	PERCO CET TAB 10-325MG	3	NDS QL PA QL (180 tabs / 30 days)
oxycodone hcl CAPS 5mg	1	QL QL (180 caps / 30 days)	PROLATE SOL 10/300MG	3	NDS QL PA QL (900 mL / 30 days)
oxycodone hcl CONC 100mg/5ml	1	QL QL (180 mL / 30 days)	PROLATE TAB 5-300MG	3	NDS QL PA QL (360 tabs / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL QL (900 mL / 30 days)	PROLATE TAB 7.5-300	3	NDS QL PA QL (240 tabs / 30 days)
oxycodone hcl TABS 5mg, 10mg, 20mg	1	QL QL (180 tabs / 30 days)	PROLATE TAB 10-300MG	3	NDS QL PA QL (180 tabs / 30 days)
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg	1	QL QL (180 tabs / 30 days)	ROXICODONE TABS 15mg	3	QL QL (180 tabs / 30 days)
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg	3	NDS QL QL (180 tabs / 30 days)	ROXICODONE TABS 30mg	3	NDS QL QL (180 tabs / 30 days)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL QL (1800 mL / 30 days)	ROXYBOND TABA 5mg, 10mg, 15mg, 30mg	3	NDS QL QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)	1	QL QL (360 tabs / 30 days)	tramadol hcl SOLN 5mg/ml	1	QL PA QL (2400 mL / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)	1	QL QL (360 tabs / 30 days)	tramadol hcl TABS 25mg	1	QL QL (120 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)	1	QL QL (240 tabs / 30 days)	tramadol hcl TABS 50mg	1	QL QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)	1	QL QL (180 tabs / 30 days)	tramadol hcl TABS 75mg	1	QL PA QL (150 tabs / 30 days)
oxymorphone hcl TABS 5mg, 10mg	1	QL QL (180 tabs / 30 days)	tramadol hcl TABS 100mg	1	QL PA QL (120 tabs / 30 days)
PERCOCET TAB 5-325MG	3	NDS QL PA QL (360 tabs / 30 days)	TRAMADOL HYDROCHLORIDE SOLN 5mg/ml	3	QL PA QL (2400 mL / 30 days)
PERCOCET TAB 7.5-325	3	NDS QL PA QL (240 tabs / 30 days)	tramadol-acetaminophen tab 37.5-325 mg	1	QL QL (240 tabs / 30 days)
<b>ANTI-INFECTIVES</b>					
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>					
albendazole TABS 200mg	1		albendazole TABS 200mg	1	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1		amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA	ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml	1		atovaquone (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3		AZACTAM SOLR 1gm, 2gm	3	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1		aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>		<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
BACTRIM DS TAB 800-160	3		<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
BACTRIM TAB 400-80MG	3		DAPTOMYCIN SOLR 350mg, 500mg	3	NDS
BETHKIS NEBU 300mg/4ml	3	NDS NM PA	<i>daptomycin</i> SOLR 500mg	3	NDS
CAYSTON SOLR 75mg	3	NDS NM PA	DARAPRIM TABS 25mg	3	NDS
CLEOCIN CAPS 75mg, 150mg, 300mg	3		EMBLAVEO INJ 2GM	3	NDS
CLEOCIN PEDIATRIC	3		EMVERM CHEW 100mg	3	NDS
GRANULE SOLR 75mg/5ml			<i>ertapenem sodium</i> SOLR 1g	1	
CLEOCIN PHOSPHATE	3		FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml			<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>clindamycin palmitate</i> hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1		<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>clindamycin phosphate in d5w</i> iv soln 300 mg/50ml	1		<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>clindamycin phosphate in d5w</i> iv soln 600 mg/50ml	1		<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>clindamycin phosphate in d5w</i> iv soln 900 mg/50ml	1		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
CLINDMYC/NAC INJ 300/50ML	3		HUMATIN CAPS 250mg	3	NDS
CLINDMYC/NAC INJ 600/50ML	3		<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 250 mg	1	
CLINDMYC/NAC INJ 900/50ML	3		<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		IMPAVIDO CAPS 50mg	3	NDS
COLY-MYCIN M SOLR 150mg	3		<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
DALVANCE SOLR 500mg	3	NDS	<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
dapsone TABS 25mg, 100mg	1		KIMYRSA SOLR 1200mg	3	NDS
DAPTOHY/NACL INJ 350/50ML	3		KITABIS PAK NEBU 300mg/5ml	3	NDS NM PA
DAPTOHY/NACL INJ 500/50ML	3		LIKMEZ SUSP 500mg/5ml	3	
			<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1	
			<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LINEZOLID INJ 2MG/ML	3		PRIMAXIN IV INJ 500MG	3	
MACROBID CAPS 100mg	3		pyrimethamine (generic of DARAPRIM) TABS 25mg	3	NDS
MACRODANTIN CAPS 25mg, 50mg, 100mg	3		RECARBRIOL INJ 1.25GM	3	NDS
MEPRON SUSP 750mg/5ml	3	NDS	SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
MEROP/NACL INJ 1GM/50ML	3		SOLOSEC PACK 2gm	3	
MEROP/NACL INJ 500/50ML	3		streptomycin sulfate SOLR 1gm	3	NDS
<i>meropenem</i> SOLR 1gm, 500mg	1		STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>meropenem</i> (generic of MEROPEENEM) SOLR 2gm	1		sulfadiazine TABS 500mg	3	NDS
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1		<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1		<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	1	
METRONIDAZOLE SOLN 500mg/100ml	3		<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1		<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
NEBUPENT SOLR 300mg	3	B/D	<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1		TOBI NEBU 300mg/5ml	3	NDS NM PA
<i>nitazoxanide</i> TABS 500mg	3	NDS	TOBI PODHALER CAPS 28mg	3	NDS NM PA
<i>nitrofurantoin</i> SUSP 25mg/5ml	3	NDS	<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
NITROFURANTOIN SUSP 50mg/5ml	3	NDS	<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2		<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2		<i>tobramycin sulfate</i> SOLR 1.2gm	3	NDS
ORBACTIV SOLR 400mg	3	NDS	<i>trimethoprim</i> TABS 100mg	1	
PENTAM 300 SOLR 300mg	3		VABOMERE INJ 2GM(1-1)	3	NDS
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D	VANCOGIN CAPS 125mg, 250mg	3	NDS
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1		VANCOMYC/D5W INJ 1.5/300	3	
<i>polymyxin b sulfate</i> SOLR 500000unit	1		VANCOMYC/D5W INJ 1.25/250	3	
<i>praziquantel</i> TABS 600mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VANCOMYCIN SOLN 2000mg/400ml	3		<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 70mg	1	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg, 250mg	1		CRESEMBAL CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1		DIFLUCAN SUSR 40mg/ml	3	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1		ERAXIS SOLR 50mg	3	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1		ERAXIS SOLR 100mg	3	NDS
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3		<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
VANCOMYCIN INJ 1 GM	3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
VANCOMYCIN INJ 500MG	3		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
VANCOMYCIN INJ 750MG	3		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
VIBATIV SOLR 750mg	3	NDS	<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
XIFAXAN TABS 200mg	3		<i>fulvicin p/g 165</i> TABS 165mg	3	NDS
ZEMDRI SOLN 500mg/10ml	3	NDS	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
ZYVOX SOLN 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	3	NDS	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<b>ANTIFUNGALS</b>			<i>griseofulvin ultramicrosize</i> TABS 165mg	3	NDS
ABELCET SUSP 5mg/ml	3	B/D	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
AMBISOME SUSR 50mg	3	NDS B/D	<i>itraconazole</i> SOLN 10mg/ml	3	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	<i>ketoconazole</i> TABS 200mg	1	
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D	MICAFUNGIN SOLR 50mg, 100mg	3	NDS
ANCOBON CAPS 250mg, 500mg	3	NDS	<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
CANCIDAS SOLR 50mg, 70mg	3	NDS	MICAFUNGIN/NACL INJ 50MG/50ML	3	NDS
<i>caspofungin acetate</i> SOLR 50mg	1		MICAFUNGIN/NACL INJ 100MG/100ML	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS	MICAFUNGIN/NACL INJ 150MG/150ML	3	NDS
			MYCAMINE SOLR 50mg, 100mg	3	NDS
			NOXAFIL PACK 300mg; SUSP 40mg/ml	3	NDS PA
			NOXAFIL SOLN 300mg/16.7ml	3	NDS
			<i>nystatin</i> TABS 500000unit	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
posaconazole (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
posaconazole (generic of NOXAFIL) SUSP 40mg/ml; TBEC 100mg	3	NDS PA
REZZAYO SOLR 200mg	3	NDS
SPORANOX CAPS 100mg	3	
terbinafine hcl TABS 250mg	1	
TOLSURA CAPS 65mg	3	NDS
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg	3	
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	NDS NM
VORICONAZOLE SOLR 200mg	3	PA
voriconazole (generic of VFEND IV) SOLR 200mg	1	PA
voriconazole (generic of VFEND) SUSR 40mg/ml	3	NDS PA
voriconazole TABS 50mg, 200mg	1	
<b>ANTIMALARIALS</b>		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	
<b>ANTIRETROVIRAL AGENTS</b>		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	1	NM
abacavir sulfate TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
atazanavir sulfate CAPS 150mg	1	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
darunavir (generic of PREZISTA) TABS 600mg, 800mg	1	NM
EDURANT TABS 25mg	3	NDS NM
EDURANT PED TBSO 2.5mg	3	NDS NM
efavirenz TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
fosamprenavir calcium TABS 700mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	3	NDS NM
PREZISTA TABS 75mg	3	NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
ritonavir (generic of NORVIR) TABS 100mg	1	NM	emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg (generic of COMPLERA)	3	NDS NM			
RUKOBIA TB12 600mg	3	NDS NM	emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)	1	NM			
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	3	NDS NM	emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)	3	NDS NM			
SUNLENCA TABS 300mg; TBPK 300mg	3	NDS NM	emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)	1	NM			
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM	emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)	1	NM			
TIVICAY TABS 50mg	3	NDS NM	EVOTAZ TAB 300-150	3	NDS NM			
TIVICAY PD TBSO 5mg	3	NDS NM	GENVOYA TAB	3	NDS NM			
TROGARZO SOLN 200mg/1.33ml	3	NDS NM	JULUCA TAB 50-25MG	3	NDS NM			
TYBOST TABS 150mg	2	NM	KALETRA SOL	3	NM			
VIRACEPT TABS 250mg, 625mg	3	NDS NM	KALETRA TAB 100-25MG	3	NM			
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM	KALETRA TAB 200-50MG	3	NDS NM			
ZIAGEN SOLN 20mg/ml	3	NM	lamivudine-zidovudine tab 150-300 mg	1	NM			
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM	lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM			
zidovudine TABS 300mg	1	NM	lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM			
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>								
abacavir sulfate-lamivudine tab 600-300 mg	1	NM	ODEFSEY TAB	3	NDS NM			
BIKTARVY TAB 30-120-15 MG	3	NDS NM	PREZCOBIX TAB 800-150	3	NDS NM			
BIKTARVY TAB 50-200-25 MG	3	NDS NM	STRIBILD TAB	3	NDS NM			
CIMDUO TAB 300-300	3	NDS NM	SYMFI TAB	3	NDS NM			
COMPLERA TAB	3	NDS NM	SYMTUZA TAB	3	NDS NM			
DELSTRIGO TAB	3	NDS NM	TRIUMEQ PD TAB	3	NM			
DESCOVY TAB 120-15MG	3	NDS NM	TRIUMEQ TAB	3	NDS NM			
DESCOVY TAB 200/25MG	3	NDS NM	TRUVADA TAB 100-150	3	NDS NM			
DOVATO TAB 50-300MG	3	NDS NM	TRUVADA TAB 133-200	3	NDS NM			
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	1	NM	TRUVADA TAB 167-250	3	NDS NM			
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	NDS NM	TRUVADA TAB 200-300	3	NDS NM			
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	3	NDS NM	<b>ANTITUBERCULAR AGENTS</b>					
cycloserine CAPS 250mg	3	NDS	cycloserine CAPS 250mg	3	NDS			
ethambutol hcl TABS 100mg, 1 400mg			ethambutol hcl TABS 100mg, 1 400mg					
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg			isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
PRETOMANID TABS 200mg	3		<i>oseltamivir phosphate</i>	1				
PRIFTIN TABS 150mg	3		(generic of TAMIFLU) CAPS					
<i>pyrazinamide</i> TABS 500mg	1		30mg, 45mg, 75mg; SUSR					
rifabutin CAPS 150mg	1		6mg/ml					
rifampin CAPS 150mg, 300mg	1		PAXLOVID PAK	1				
rifampin (generic of RIFADIN) SOLR 600mg	1		PAXLOVID TAB 150-100	1				
SIRTURO TABS 20mg, 100mg	3	NDS NM	PAXLOVID TAB 300-100	1				
<b>ANTIVIRALS</b>								
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1		PEGASYS SOLN 180mcg/ml; 3	NDS NM PA				
acyclovir sodium SOLN 50mg/ml	1	B/D	SOSY 180mcg/0.5ml					
adefovir dipivoxil TABS 10mg	1	NM	PREVYMIS PACK 20mg, 120mg; SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS			
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM	RAPIVAB SOLN 200mg/20ml	3	NDS			
cidofovir SOLN 75mg/ml	1		RELENZA DISKHALER	2				
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM	AEPB 5mg/blister					
EPCLUSA PAK 150-37.5	3	NDS NM PA	ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM			
EPCLUSA PAK 200-50MG	3	NDS NM PA	rimantadine hydrochloride	1				
EPCLUSA TAB 200-50MG	3	NDS NM PA	TABS 100mg					
EPCLUSA TAB 400-100	3	NDS NM PA	TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3				
famciclovir TABS 125mg, 250mg, 500mg	1		valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1				
fosfarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D	VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS			
GANCICLOVIR SOLN 500mg/10ml	3	B/D	valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	3	NDS			
ganciclovir sodium SOLR 500mg	1	B/D	valganciclovir hcl (generic of VALCYTE) TABS 450mg	1				
HARVONI PAK 33.75-150MG	3	NDS NM PA	VALTREX TABS 1gm, 500mg	3				
HARVONI PAK 45-200MG	3	NDS NM PA	VEMLIDY TABS 25mg	3	NDS NM			
HARVONI TAB 45-200MG	3	NDS NM PA	VOSEVI TAB	3	NDS NM PA			
HARVONI TAB 90-400MG	3	NDS NM PA	XOFLUZA TBPK 40mg, 80mg	3				
lamivudine (hbv) TABS 100mg	1	NM	<b>CEPHALOSPORINS</b>					
LIVTENCITY TABS 200mg	3	NDS NM PA	AVYCAZ INJ 2-0.5GM	3	NDS			
MAVYRET PAK 50-20MG	3	NDS NM PA	cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1				
MAVYRET TAB 100-40MG	3	NDS NM PA	CEFACLOR ER TB12 500mg	3				
			cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1				
			CEFAZOLIN SOLR 2gm, 3gm	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 1 2gm, 3gm, 10gm, 500mg		
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 1 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 3 2gm/100ml		
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of 1 CEFOTAN) SOLR 1gm, 2gm		
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 1 2gm, 10gm		
<i>cefpodoxime proxetil</i> SUSR 1 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg		
<i>cefprozil</i> SUSR 125mg/5ml, 1 250mg/5ml; TABS 250mg, 500mg		
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm		
<i>ceftriaxone sodium</i> SOLR 1 1gm, 2gm, 10gm, 250mg, 500mg		
<i>cefuroxime axetil</i> TABS 1 250mg, 500mg		
<i>cefuroxime sodium</i> SOLR 1 1.5gm, 750mg		
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<b>ERYTHROMYCINS/MACROLIDES</b>		
FETROJA SOLR 1gm	3	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> (generic of 1 ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg		
<i>azithromycin</i> TABS 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of 1 BIAXIN XL) TB24 500mg		
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> 1 (generic of E.E.S. GRANULES) SUSR 200mg/5ml		
<i>erythromycin ethylsuccinate</i> 3 (generic of ERYPED 400) SUSR 400mg/5ml		NDS
<i>erythromycin ethylsuccinate</i> 1 TABS 400mg		
<i>erythromycin lactobionate</i> 1 (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg		
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 3 500mg		
ZITHROMAX Z-PAK TABS 3 250mg		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<b>FLUOROQUINOLONES</b>					
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin &amp; k clavulanate tab</i> 1 250-125 mg		
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin &amp; k clavulanate tab</i> 1 500-125 mg		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1		<i>amoxicillin &amp; k clavulanate tab</i> 1 875-125 mg		
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1		<i>amoxicillin &amp; k clavulanate tab</i> 1 er 12hr 1000-62.5 mg		
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	1		<i>ampicillin</i> CAPS 500mg	1	
<i>ciprofloxacin hcl TABS 750mg</i>	1		<i>ampicillin &amp; sulbactam sodium</i> 1 for inj 1.5 (1-0.5) gm (generic of UNASYN)		
<i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>	1		<i>ampicillin &amp; sulbactam sodium</i> 1 for inj 3 (2-1) gm (generic of UNASYN)		
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1		<i>ampicillin &amp; sulbactam sodium</i> 1 for iv soln 1.5 (1-0.5) gm		
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1		<i>ampicillin &amp; sulbactam sodium</i> 1 for iv soln 3 (2-1) gm		
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1		<i>ampicillin &amp; sulbactam sodium</i> 1 for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)		
<i>moxifloxacin hcl TABS 400mg</i>	1		<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 250mg, 500mg		
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1		AUGMENTIN SUS 125/5ML	3	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3		AUGMENTIN SUS ES-600	3	
<b>PENICILLINS</b>					
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		AUGMENTIN TAB 500MG	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1		BICILLIN C-R INJ 900/300	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1		BICILLIN C-R INJ 1200000	3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES- 600)</i>	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
			NAFCILLIN INJ 2GM/100	3	NDS
			<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
			<i>nafcillin sodium</i> SOLR 10gm	3	NDS
			OXACILLIN INJ 2GM	3	
			<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
			PEN GK/DEXTR INJ 40000/ML	3	
			PEN GK/DEXTR INJ 60000/ML	3	

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Drug Name	Drug Requirements	
	Tier	Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pifizerpen</i> SOLR 5000000unit, 1 20000000unit	1	
<i>piperacillin sod-tazobactam na</i> 1 <i>for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
<b>TETRACYCLINES</b>		
<i>demecclocycline hcl</i> TABS 150mg, 300mg	1	
DORYX MPC TBEC 60mg	3	NDS
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> 1 CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	

Drug Name	Tier	Drug Requirements Limits
<i>minocycline hcl</i> CAPS 50mg, 1 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg		
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM
SEYSARA TABS 60mg, 100mg, 150mg	3	NDS
<i>targadox</i> TABS 50mg	1	
<i>tetracycline hcl</i> CAPS 250mg, 1 500mg		
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	3	NDS
TIGECYCLINE SOLR 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
TYGACIL SOLR 50mg	3	NDS
XERAVA SOLR 50mg, 100mg	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 1 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; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D	GEMCITABINE HYDROCHLORIDE SOLN	3	B/D			
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D	1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml					
FRINDOVYX SOLN 1gm/2ml, 3 2gm/4ml, 500mg/ml	NDS B/D NM		INQOVI TAB 35-100MG	3	NDS NM PA			
GLEOSTINE CAPS 10mg, 40mg	3	NM	LONSURF TAB 15-6.14	3	NDS NM PA			
GLEOSTINE CAPS 100mg	3	NDS NM	LONSURF TAB 20-8.19	3	NDS NM PA			
GRAFAPEX SOLR 1gm, 5gm	3	NDS B/D NM	<i>mercaptopurine</i> (generic of PURIXAN) SUSP	3	NDS NM			
IFEX SOLR 3gm	3	B/D	2000mg/100ml					
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D	<i>mercaptopurine</i> TABS 50mg	1				
IFOSFAMIDE SOLR 3gm	3	B/D	<i>methotrexate sodium</i> SOLN	1	B/D			
LEUKERAN TABS 2mg	3	NDS	1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm					
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D	ONUREG TABS 200mg, 300mg	3	NDS NM PA			
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D	PEMETREXED SOLN	3	NDS B/D			
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM	1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg					
VIVIMUSTA SOLN 100mg/4ml	3	NDS B/D NM	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D			
ZEPZELCA SOLR 4mg	3	NDS NM PA	<i>pemetrexed disodium</i> SOLR	3	NDS B/D			
<b>ANTIMETABOLITES</b>								
ALIMTA SOLR 100mg, 500mg	3	NDS B/D	750mg, 1000mg					
AXTLE SOLR 100mg, 500mg	3	NDS B/D NM	PEMRYDI RTU SOLN	3	NDS B/D			
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM	100mg/10ml, 500mg/50ml					
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D	PURIXAN SUSP 2000mg/100ml	3	NDS NM			
<i>decitabine</i> SOLR 50mg	3	NDS B/D NM	TABLOID TABS 40mg	3	NDS			
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D	VIDAZA SUSR 100mg	3	NDS B/D NM			
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D	<b>HORMONAL ANTINEOPLASTIC AGENTS</b>					
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	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>abirtega</i> (generic of ZYTIGA) TABS 250mg	1	NM PA			
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D	AKEEGA TAB 50/500MG	3	NDS NM PA			
			AKEEGA TAB 100/500	3	NDS NM PA			
			<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1				
			ARIMIDEX TABS 1mg	3	NDS			
			AROMASIN TABS 25mg	3	NDS			
			<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1				
			CASODEX TABS 50mg	3	NDS			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg, 240mg	3	NDS NM PA
EULEXIN CAPS 125mg <i>exemestane</i> (generic of AROMASIN) TABS 25mg	3 1	NDS
FARESTON TABS 60mg	3	NDS
FASLODEX SOSY 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/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
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	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
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	3	NDS
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM PA
ORGOVYX TABS 120mg	3	NDS NM PA
ORSERDU TABS 86mg, 345mg	3	NDS NM PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM PA
YONSA TABS 125mg	3	NDS NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg, 500mg	3	NDS NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
THALomid CAPS 50mg, 100mg	3	NDS NM PA
<b>MISCELLANEOUS</b>		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml	3	NDS NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
DOXIL SUSP 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	3	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HYDREA CAPS 500mg	3		VALSTAR SOLN 40mg/ml	3	NDS B/D NM
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1		WELIREG TABS 40mg	3	NDS NM PA
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D	<b>MITOTIC INHIBITORS</b>		
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D	ABRAXANE INJ 100MG	3	NDS B/D NM
IWLFIN TABS 192mg	3	NDS NM PA	DOCETAXEL CONC 20mg/ml	3	B/D
KHAPZORY SOLR 175mg	3	NDS B/D NM	<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D	DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1		<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM	DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D NM
MATULANE CAPS 50mg	3	NDS NM	<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	NDS B/D NM
<i>mesna</i> (generic of MESNEX)	3	NDS	ETOPOPHOS SOLR 100mg	3	B/D
TABS 400mg			<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
MESNEX TABS 400mg	3	NDS	HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
<i>mitomycin</i> SOLR 5mg	1	B/D	IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D	JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM	<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
NIPENT SOLR 10mg	3	NDS B/D	PACLITAXEL INJ 100MG	3	NDS B/D NM
ONCASPAR SOLN 750unit/ml	3	NDS NM PA	<i>paclitaxel inj</i> 100mg (generic of ABRAXANE)	3	NDS B/D NM
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM	<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
RYLAZE SOLN 10mg/0.5ml	3	NDS NM PA	<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
SYLVANT SOLR 100mg, 400mg	3	NDS NM PA	<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
TARGRETIN CAPS 75mg	3	NDS NM PA	<b>MOLECULAR TARGET AGENTS</b>		
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D	AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D	AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NDS NM PA
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D	ALECENSA CAPS 150mg	3	NDS NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS			
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM			

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ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM PA	DARZALEX INJ FASPRO	3	NDS NM PA
ALUNBRIG PAK	3	NDS NM PA	<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
ALYMSYS SOLN 100mg/4ml, 3 400mg/16ml	3	NDS NM PA	DATROWAY SOLR 100mg	3	NDS NM PA
AUGTYRO CAPS 40mg, 160mg	3	NDS NM PA	DAURISMO TABS 25mg, 100mg	3	NDS NM PA
AVASTIN SOLN 100mg/4ml, 3 400mg/16ml	3	NDS NM PA	ELAHERE SOLN 100mg/20ml	3	NDS NM PA
AVMAPKI PAK FAKZYNJA	3	NDS NM PA	EMPLICITI SOLR 300mg, 400mg	3	NDS NM PA
AYVAKIT TABS 25mg, 50mg, 3 100mg, 200mg, 300mg	3	NDS NM PA	ENHERTU SOLR 100mg	3	NDS NM PA
BALVERSA TABS 3mg, 4mg, 3 5mg	3	NDS NM PA	EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM PA	ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
BELEODAQ SOLR 500mg	3	NDS NM PA	ERIVEDGE CAPS 150mg	3	NDS NM PA
BESPONSA SOLR .9mg	3	NDS NM PA	<i>erlotinib hcl</i> TABS 25mg, 150mg	3	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg	3	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA	everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	3	NDS NM PA	everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM PA
BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg	3	NDS NM PA	FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM PA	FRUZAQLA CAPS 1mg, 5mg	3	NDS NM PA
BRUKINSA CAPS 80mg	3	NDS NM PA	FYARRO SUSR 100mg	3	NDS NM PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM PA	GAVRETO CAPS 100mg	3	NDS NM PA
CALQUENCE TABS 100mg	3	NDS NM PA	GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NDS NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA	GILOTrif TABS 20mg, 30mg, 40mg	3	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM PA	GLEEVEC TABS 100mg, 400mg	3	NDS NM PA
COMETRIQ KIT 100MG	3	NDS NM PA	GOMEKLI CAPS 1mg, 2mg; TBSO 1mg	3	NDS NM PA
COMETRIQ KIT 140MG	3	NDS NM PA	HERCEP HYLEC SOL 60- 10000	3	NDS NM PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM PA	HERCEPTIN SOLR 150mg	3	NDS NM PA
COTELLIC TABS 20mg	3	NDS NM PA	HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA			
DANZITEN TABS 71mg, 95mg	3	NDS NM PA			
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA			

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>		<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM PA	KRAZATI TABS 200mg	3	NDS NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM PA	KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA
IDHIFA TABS 50mg, 100mg <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg	3	NDS NM PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg	3	NDS NM PA	LAZCLUZE TABS 80mg, 240mg	3	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS NM PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NDS NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM PA
IMKELDI SOLN 80mg/ml	3	NDS NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
INLYTA TABS 1mg, 5mg	3	NDS NM PA	LENVIMA CAP 14 MG	3	NDS NM PA
INREBIC CAPS 100mg	3	NDS NM PA	LENVIMA CAP 18 MG	3	NDS NM PA
IRESSA TABS 250mg	3	NDS NM PA	LENVIMA CAP 24 MG	3	NDS NM PA
ITOVEBI TABS 3mg, 9mg	3	NDS NM PA	LIBTAYO SOLN 350mg/7ml	3	NDS NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA	LOQTORZI SOLN 240mg/6ml	3	NDS NM PA
JAYPIRCA TABS 50mg, 100mg	3	NDS NM PA	LORBRENA TABS 25mg, 100mg	3	NDS NM PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM PA	LUMAKRAS TABS 120mg, 240mg, 320mg	3	NDS NM PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA
KANJINTI SOLR 150mg, 420mg	3	NDS NM PA	LYNPARZA TABS 100mg, 150mg	3	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
KISQALI 200 DOSE TBPK 200mg	3	NDS NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA	MARGENZA SOLN 250mg/10ml	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA	MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA	MEKTOVI TABS 15mg	3	NDS NM PA
KISQALI 600 PAK FEMARA	3	NDS NM PA	MONJUVI SOLR 200mg	3	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM PA	MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>		<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
<i>nilotinib hcl</i> CAPS 50mg	3	NDS NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg	3	NDS NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg	3	NDS NM PA	ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NDS NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA	RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM PA
ODOMZO CAPS 200mg	3	NDS NM PA	RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
OGIVRI SOLR 150mg, 420mg	3	NDS NM PA	RYBREVANT SOLN 350mg/7ml	3	NDS NM PA
OGSIVEO TABS 50mg, 100mg, 150mg	3	NDS NM PA	RYDAPT CAPS 25mg	3	NDS NM PA
OJEMDA SUSR 25mg/ml; TABS 100mg	3	NDS NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM PA
OJJAARA TABS 100mg, 150mg, 200mg	3	NDS NM PA	SCEMBLIX TABS 20mg, 40mg, 100mg	3	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA	SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
OPDIVO INJ QVANTIG	3	NDS NM PA	STIVARGA TABS 40mg	3	NDS NM PA
OPDUALAG SOL	3	NDS NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
PADCEV SOLR 20mg, 30mg	3	NDS NM PA	SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg	3	NDS NM PA	TABRECTA TABS 150mg, 200mg	3	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM PA	TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA	TAGRISSO TABS 40mg, 80mg	3	NDS NM PA
PHESGO SOL	3	NDS NM PA	TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA	TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA	TAZVERIK TABS 200mg	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA	TECENTRIQ INJ HYBREZA	3	NDS NM PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM PA	TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM PA
QINLOCK TABS 50mg	3	NDS NM PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
RETEVMO TABS 40mg, 80mg, 120mg, 160mg	3	NDS NM PA	TEPMETKO TABS 225mg	3	NDS NM PA
REVUFORJ TABS 25mg, 110mg, 160mg	3	NDS NM PA	TEVIMBRA SOLN 100mg/10ml	3	NDS NM PA
REZLIDHIA CAPS 150mg	3	NDS NM PA			
RIABNI SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA			
RITUXAN SOLN 500mg/50ml	3	NDS NM PA			
RITUXAN INJ HYCELA	3	NDS NM PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TIBSOVO TABS 250mg	3	NDS NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	3	NDS NM PA
TIVDAK SOLR 40mg	3	NDS NM PA	XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	3	NDS NM PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	3	NDS NM PA
torpez (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA	XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	3	NDS NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA	XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM PA	YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
TRUQAP TABS 160mg, 200mg; TBPK 160mg, 200mg	3	NDS NM PA	ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA	ZEJULA TABS 100mg, 200mg, 300mg	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM PA	ZELBORAF TABS 240mg	3	NDS NM PA
TURALIO CAPS 125mg	3	NDS NM PA	ZIIHERA SOLR 300mg	3	NDS NM PA
TYKERB TABS 250mg	3	NDS NM PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
VANFLYTA TABS 17.7mg, 26.5mg	3	NDS NM PA	ZOLINZA CAPS 100mg	3	NDS NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM	ZYDELIG TABS 100mg, 150mg	3	NDS NM PA
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA	ZYKADIA TABS 150mg	3	NDS NM PA
VELCADE SOLR 3.5mg	3	NDS NM PA	ZYNLONTA SOLR 10mg	3	NDS NM PA
VENCLEXTA TABS 10mg	2	NM PA	ZYNYZ SOLN 500mg/20ml	3	NDS NM PA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM PA	<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
VENCLEXTA TAB START PK	3	NDS NM PA	ACCURETIC TAB 10-12.5	3	
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM PA	ACCURETIC TAB 20-12.5	3	
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	1	
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i>	1	
VONJO CAPS 100mg	3	NDS NM PA	<i>(generic of LOTREL)</i>		
VORANIGO TABS 10mg, 40mg	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	1	
VOTRIENT TABS 200mg	3	NDS NM PA	<i>(generic of LOTREL)</i>		
VYLOY SOLR 100mg, 300mg	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	1	
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i>	1	
XOSPATA TABS 40mg	3	NDS NM PA	<i>(generic of LOTREL)</i>		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg, 40mg	3	NDS NM PA	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i>	1	
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	3	NDS NM PA	<i>(generic of LOTREL)</i>		

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benazepril & hydrochlorothiazide tab 5-6.25mg	1		quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1		quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1		quinapril-hydrochlorothiazide tab 20-25 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1		trandolapril-verapamil hcl tab er 1-240 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1		trandolapril-verapamil hcl tab er 2-180 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1		trandolapril-verapamil hcl tab er 2-240 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1		trandolapril-verapamil hcl tab er 4-240 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1		VASERETIC TAB 10-25MG	3	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		ZESTORETIC TAB 10-12.5	3	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1		ZESTORETIC TAB 20-12.5	3	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1		ZESTORETIC TAB 20-25MG	3	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1		<b>ACE INHIBITORS</b>		
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1		benazepril hcl TABS 5mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1		benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1		captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
			enalapril maleate (generic of EPANED) SOLN 1mg/ml	1	
			enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
			EPANED SOLN 1mg/ml	3	NDS
			fosinopril sodium TABS 10mg, 20mg, 40mg	1	
			lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
			LOTENSIN TABS 10mg, 20mg, 40mg	3	
			moexipril hcl TABS 7.5mg, 15mg	1	
			perindopril erbumine TABS 2mg, 4mg, 8mg	1	
			QBRELIS SOLN 1mg/ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1		<i>amlodipine besylate-</i> <i>olmesartan medoxomil tab 5-</i> <i>40 mg (generic of</i> <b>AMLODIPINE/OLMESARTAN MED)</b>	1	
<i>ramipril</i> CAPS 1.25mg, 5mg, 10mg	1		<i>amlodipine besylate-</i> <i>olmesartan medoxomil tab 10-</i> <i>20 mg (generic of</i> <b>AMLODIPINE/OLMESARTAN MED)</b>	1	
<i>ramipril</i> (generic of ALTACE) CAPS 2.5mg	1		<i>amlodipine besylate-</i> <i>olmesartan medoxomil tab 10-</i> <i>40 mg (generic of</i> <b>AMLODIPINE/OLMESARTAN MED)</b>	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1		<i>amlodipine besylate-</i> <i>olmesartan medoxomil tab 10-</i> <i>40 mg (generic of</i> <b>AMLODIPINE/OLMESARTAN MED)</b>	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3		<i>amlodipine besylate-valsartan</i> 1 <i>tab 5-160 mg (generic of</i> <b>EXFORGE)</b>	1	
VASOTEC TABS 20mg	3	NDS	<i>amlodipine besylate-valsartan</i> 1 <i>tab 5-320 mg (generic of</i> <b>EXFORGE)</b>	1	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3		<i>amlodipine besylate-valsartan</i> 1 <i>tab 10-160 mg (generic of</i> <b>EXFORGE)</b>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>					
ALDACTONE TABS 25mg, 50mg, 100mg	3		<i>amlodipine besylate-valsartan</i> 1 <i>tab 10-320 mg (generic of</i> <b>EXFORGE)</b>	1	
CAROSPIR SUSP 25mg/5ml	3		<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-</i> <i>12.5 mg (generic of</i> <b>EXFORGE HCT)</b>	1	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1		<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-</i> <i>25 mg (generic of EXFORGE</i> <b>HCT)</b>	1	
INSPRA TABS 25mg, 50mg	3		<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-</i> <i>160-12.5 mg (generic of</i> <b>EXFORGE HCT)</b>	1	
KERENDIA TABS 10mg, 20mg	2		<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-</i> <i>160-25 mg (generic of</i> <b>EXFORGE HCT)</b>	1	
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1		<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-</i> <i>320-25 mg (generic of</i> <b>EXFORGE HCT)</b>	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		ATACAND HCT TAB 16-12.5 3		
<b>ALPHA BLOCKERS</b>					
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3				
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1				
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1				
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1				
TEZRULY SOLN 1mg/ml	3				
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
<i>amlodipine besylate-</i> <i>olmesartan medoxomil tab 5-</i> <i>20 mg (generic of</i> <b>AMLODIPINE/OLMESARTAN MED)</b>	1				

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
ATACAND HCT TAB 32-12.5	3		EXFORGE HCT TAB 10-320- 25MG	3	
ATACAND HCT TAB 32- 25MG	3		EXFORGE TAB 5-160MG	3	
AVALIDE TAB 150-12.5	3		EXFORGE TAB 5-320MG	3	
AVALIDE TAB 300-12.5	3		EXFORGE TAB 10-160MG	3	
AZOR TAB 5-20MG	3		EXFORGE TAB 10-320MG	3	
AZOR TAB 5-40MG	3		HYZAAR TAB 50-12.5	3	
AZOR TAB 10-20MG	3		HYZAAR TAB 100-12.5	3	
AZOR TAB 10-40MG	3		HYZAAR TAB 100-25	3	
BENICAR HCT TAB 20-12.5	3		<i>irbesartan-hydrochlorothiazide</i> 1 tab 150-12.5 mg (generic of AVALIDE)	1	
BENICAR HCT TAB 40-12.5	3		<i>irbesartan-hydrochlorothiazide</i> 1 tab 300-12.5 mg (generic of AVALIDE)	1	
BENICAR HCT TAB 40-25MG	3		losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)	1	
candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT)	1		losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)	1	
candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT)	1		losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)	1	
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	1		MICARDIS HCT TAB 40/12.5	3	
DIOVAN HCT TAB 80-12.5	3		MICARDIS HCT TAB 80- 25MG	3	
DIOVAN HCT TAB 160-12.5	3		MICARDIS HCT TAB 80/12.5	3	
DIOVAN HCT TAB 160-25MG	3		<i>olmesartan medoxomil-</i> hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)	1	
DIOVAN HCT TAB 320-12.5	3		<i>olmesartan medoxomil-</i> hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)	1	
DIOVAN HCT TAB 320-25MG	3		<i>olmesartan medoxomil-</i> hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	1	
EDARBYCLOR TAB 40-12.5	3		<i>olmesartan-amldipine-</i> hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR)	1	
EDARBYCLOR TAB 40- 25MG	3				
ENTRESTO CAP 6-6MG	2				
ENTRESTO CAP 15-16MG	2				
ENTRESTO TAB 24-26MG	2				
ENTRESTO TAB 49-51MG	2				
ENTRESTO TAB 97-103MG	2				
EXFORGE HCT TAB 5-160- 12.5MG	3				
EXFORGE HCT TAB 5-160- 25MG	3				
EXFORGE HCT TAB 10-160- 12.5MG	3				
EXFORGE HCT TAB 10-160- 25MG	3				

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Drug Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Drug Requirements/ Limits</b>
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	1	
telmisartan-amlodipine tab 40- 1 5 mg	1		<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
telmisartan-amlodipine tab 40- 1 10 mg	1		ATACAND TABS 4mg, 8mg, 16mg, 32mg	3	
telmisartan-amlodipine tab 80- 1 5 mg	1		AVAPRO TABS 150mg, 300mg	3	
telmisartan-amlodipine tab 80- 1 10 mg	1		BENICAR TABS 5mg, 20mg, 40mg	3	
telmisartan- hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1		candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1	
telmisartan- hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1		COZAAR TABS 25mg, 50mg, 100mg	3	
telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1		DIOVAN TABS 40mg, 80mg, 160mg, 320mg	3	
TRIBENZOR20- TAB 5- 12.5MG	3		EDARBI TABS 40mg, 80mg	3	
TRIBENZOR40- TAB 5- 12.5MG	3		irbesartan TABS 75mg	1	
TRIBENZOR40- TAB 5-25MG	3		irbesartan (generic of AVAPRO) TABS 150mg, 300mg	1	
TRIBENZOR40- TAB 10-12.5	3		losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
TRIBENZOR40- TAB 10- 25MG	3		olmesartan medoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1		telmisartan TABS 20mg	1	
			telmisartan (generic of MICARDIS) TABS 40mg, 80mg	1	
			valsartan SOLN 4mg/ml	3	NDS
			valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
<b>ANTIARRHYTHMICS</b>								
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1				
BETAPACE TABS 80mg, 120mg, 160mg	3	NDS	<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1				
BETAPACE AF TABS 80mg	3		<i>fenofibric acid</i> TABS 35mg, 105mg	1				
BETAPACE AF TABS 120mg, 160mg	3	NDS	<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1				
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3		LIPOFEN CAPS 50mg, 150mg	3				
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	LOPID TABS 600mg	3				
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1		<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>					
MULTAQ TABS 400mg	3		ATORVALIQ SUSP 20mg/5ml	3				
NORPACE CAPS 100mg, 150mg	3		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1				
NORPACE CR CP12 100mg, 150mg	3		CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3				
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1		EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3				
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1		FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3				
<i>quinidine sulfate</i> TABS 200mg, 300mg	1		<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1				
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1				
<i>sotalol hcl</i> TABS 240mg	1		LESCOL XL TB24 80mg	3				
<i>sotalol hcl (afib/afl)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		LIPIATOR TABS 10mg, 20mg, 40mg, 80mg	3				
SOTYLIZE SOLN 5mg/ml	3		LIVALO TABS 1mg, 2mg, 4mg	3				
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	lovastatin TABS 10mg, 20mg, 40mg	1				
<b>ANTILIPEMICS, FIBRATES</b>								
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1		<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1				
<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 40mg, 54mg, 120mg, 160mg	1		pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1				
			<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1				
			<i>simvastatin</i> TABS 5mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
simvastatin TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg	3	
ZYPITAMAG TABS 2mg, 4mg	3	
<b>ANTI-LIPEMICS, MISCELLANEOUS</b>		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
colestipol hcl (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
colestipol hcl PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM PA
ezetimibe (generic of ZETIA) TABS 10mg	1	
ezetimibe-simvastatin tab 10- 10 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10- 20 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10- 40 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10- 80 mg (generic of VYTORIN)	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM PA
LOVAZA CAP 1GM	3	
NEXLETOL TABS 180mg	2	
NEXLIZET TAB 180/10MG	2	
niacin (antihyperlipidemic) TABS 500mg; TBCR 500mg, 750mg, 1000mg	1	
niacor TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	
prevalite PACK 4gm	1	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100- 25 mg	1	
metoprolol & hydrochlorothiazide tab 100- 50 mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
TENORETIC TAB 50	3		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1				
TENORETIC TAB 100	3		<i>pindolol</i> TABS 5mg, 10mg	1				
<b>BETA-BLOCKERS</b>								
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1				
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1				
<i>betaxolol hcl</i> TABS 10mg, 20mg	1		TENORMIN TABS 25mg, 50mg, 100mg	3				
<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1		<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1				
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3		TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3				
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<b>CALCIUM CHANNEL BLOCKERS</b>					
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1		<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1				
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		CARDIZEM TABS 30mg, 60mg, 120mg	3				
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3	NDS	CARDIZEM CD CP24 120mg	3				
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS	CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS			
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3		CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3				
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1		<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1				
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1				
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1				
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1				
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1				
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1							
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1							

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
KATERZIA SUSP 1mg/ml	3		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<b>DIURETICS</b>		
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		amiloride & hydrochlorothiazide tab 5-50 mg	1	
NICARDIPINE SOL 20/200ML	3		amiloride hcl TABS 5mg	1	
NICARDIPINE SOL 40/200ML	3		bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		bumetanide (generic of BUMEX) TABS .5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		chlorthalidone TABS 25mg, 50mg	1	
<i>nimodipine</i> CAPS 30mg	1		dichlorphenamide (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
<i>nimodipine</i> SOLN 60mg/20ml	3	NDS	DIURIL SUSP 250mg/5ml	3	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		DYRENIUM CAPS 50mg, 100mg	3	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		EDECRIN TABS 25mg	3	NDS
NORLIQVA SOLN 1mg/ml	3		ethacrynic acid (generic of EDECRIN) TABS 25mg	1	
NORVASC TABS 2.5mg, 5mg, 10mg	3		FUROSCIX CTKT 80mg/10ml	3	NDS
NYMALIZE SOLN 6mg/ml	3	NDS	furosemide SOLN 10mg/ml, 40mg/5ml	1	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3		furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
			furosemide inj SOLN 10mg/ml	1	
			HEMICLOR TABS 12.5mg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1		amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET)	1	
indapamide TABS 1.25mg, 2.5mg	1		amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)	1	
INZIRQQ SUSR 10mg/ml	3		amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)	1	
KEVEYIS TABS 50mg	3	NDS NM PA	amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)	1	
LASIX TABS 20mg, 40mg, 80mg	3		amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)	1	
methazolamide TABS 25mg, 50mg	1		amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)	1	
metolazone TABS 2.5mg, 5mg, 10mg	1		amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)	1	
ormalvi (generic of KEVEYIS) TABS 50mg	3	NDS NM PA	amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1		ATTRUBY TBPK 356mg	3	NDS NM PA
THALITONE TABS 15mg	3		BIDIL TAB	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1		CADUET TAB 5-10MG	3	
triamterene (generic of DYRENIUM) CAPS 50mg, 100mg	1		CADUET TAB 5-20MG	3	
triamterene & hydrochlorothiazide cap 37.5- 25 mg	1		CADUET TAB 5-40MG	3	
triamterene & hydrochlorothiazide tab 37.5- 25 mg	1		CADUET TAB 5-80MG	3	
triamterene & hydrochlorothiazide tab 75-50 mg	1		CADUET TAB 10-10MG	3	
<b>MISCELLANEOUS</b>			CADUET TAB 10-20MG	3	
ADRENALIN SOLN 1mg/ml	3		CADUET TAB 10-40MG	3	
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	1		CADUET TAB 10-80MG	3	
amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg	1		CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM PA
amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg	1		clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg	1		clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
			clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
			clonidine TB24 .17mg	1	

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	Drug Requirements/ Limits
clonidine hcl TABS .1mg,.2mg,.3mg	1	
CORLANOR SOLN 5mg/5ml	2	
CORLANOR TABS 5mg, 7.5mg	3	
DEMSER CAPS 250mg	3	NDS NM PA
DIBENZYLINE CAPS 10mg	3	NDS
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
droxidopa (generic of NORTHERA) CAPS 100mg	1	NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg	3	NDS NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	2	
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	
methyldopa TABS 250mg, 500mg	3	
metyrosine (generic of DEMSER) CAPS 250mg	3	NDS NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg, 200mg, 300mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS 10mg	3	NDS
ranolazine TB12 500mg, 1000mg	1	
TEKTURN A TABS 150mg, 300mg	3	
TRYNGOLZA SOAJ 80mg/0.8ml	3	NDS NM PA
TRYVIO TABS 12.5mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NDS NM PA
VYNDAQEL CAPS 20mg	3	NDS NM PA
<b>NITRATES</b>		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	3	NDS
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg, 40mg	1	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
nitroglycerin (generic of NITROLINGUAL) SOLN .4mg/spray	1	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA TABS 20mg	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM PA
alyq (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM PA
epoprostenol sodium (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM
LETAIRIS TABS 5mg, 10mg	3	NDS NM PA
OPSUMIT TABS 10mg	3	NDS NM PA
OPSYNVI TAB 10-20MG	3	NDS NM PA
OPSYNVI TAB 10-40MG	3	NDS NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	3	NDS NM PA
ORENITRAM TAB MONTH 2	3	NDS NM PA
ORENITRAM TAB MONTH 3	3	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
REVATIO SOLN 10mg/12.5ml; TABS 20mg	3	NDS NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml	3	NDS NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	1	NM PA
TADLIQ SUSP 20mg/5ml	3	NDS NM PA
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	3	NDS NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
TYVASO SOLN .6mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TYVASO DPI MAINTENANCE KI POWD	3	NDS NM PA
16mcg, 32mcg, 48mcg, 64mcg		
TYVASO DPI POW 16-32-48	3	NDS NM PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM PA
UPTRAVI PACK TAB 200/800	3	NDS NM PA
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM
WINREVAIR KIT 45mg, 60mg	3	NDS NM PA
WINREVAIR INJ 45MG	3	NDS NM PA
WINREVAIR INJ 60MG	3	NDS NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg, 106mcg	3	NDS NM PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
alprazolam (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1	
alprazolam TBDP .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	3	NDS
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg	1	
fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml; TABS .5mg, 1mg, 2mg	1	
lorazepam intensol CONC 2mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LOREEV XR CS24 1mg, 1.5mg, 2mg, 3mg	3	
oxazepam CAPS 10mg, 15mg, 30mg	1	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	3	
<b>ANTIDEMENTIA</b>		
ADLARITY PTWK 5mg/day, 10mg/day	3	
ARICEPT TABS 5mg, 10mg, 23mg	3	
<i>donepezil hydrochloride</i> 1 (generic of ARICEPT) TABS 5mg, 10mg, 23mg		
<i>donepezil hydrochloride</i> 1 TBDP 5mg, 10mg		
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
<i>galantamine hydrobromide</i> 1 CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg		
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl</i> 1 cap er 24hr 14-10 mg (generic of NAMZARIC)		
<i>memantine hcl-donepezil hcl</i> 1 cap er 24hr 21-10 mg (generic of NAMZARIC)		
<i>memantine hcl-donepezil hcl</i> 1 cap er 24hr 28-10 mg (generic of NAMZARIC)		
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ 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	
ZUNVEYL TBEC 5mg, 10mg, 3 15mg	3	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS
APLENZIN TB24 174mg, 348mg, 522mg	3	NDS
AUVELITY TAB 45-105MG	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB24 450mg	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	
CELEXA TABS 10mg, 20mg, 3 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	
<i>citalopram hydrobromide</i> 1 SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> 1 (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAKINE ER TB24 50mg, 100mg	3	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>NARDIL</i> TABS 15mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	1		<i>NORPRAMIN</i> TABS 10mg, 25mg	3	
EFFEXOR XR CP24 37.5mg, 3 75mg, 150mg	3		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS	<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>PARNATE</i> TABS 10mg	3	NDS
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		<i>paroxetine hcl</i> SUSP 10mg/5ml	3	
FETZIMA CP24 20mg, 40mg, 3 80mg, 120mg	3		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
FETZIMA CAP TITRATIO 3			<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	
<i>fluoxetine hcl</i> CAPS 10mg, 40mg; CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1		<i>PAXIL</i> TABS 10mg, 20mg, 30mg, 40mg	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	1		<i>PAXIL CR</i> TB24 12.5mg, 25mg, 37.5mg	3	
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1		<i>perphenazine-amitriptyline tab</i> 2 2-10 mg		
<i>fluoxetine hcl (pmdd)</i> TABS 10mg, 20mg (generic of SARAFEM)	1		<i>perphenazine-amitriptyline tab</i> 2 2-25 mg		
FORFIVO XL TB24 450mg	3		<i>perphenazine-amitriptyline tab</i> 2 4-10 mg		
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 2 4-25 mg		
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>perphenazine-amitriptyline tab</i> 2 4-50 mg		
LEXAPRO TABS 5mg, 10mg, 3 20mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
MARPLAN TABS 10mg	3		<i>PRISTIQ</i> TB24 25mg, 50mg, 100mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		<i>RALDESY</i> SOLN 10mg/ml	3	
			<i>REMERON</i> TABS 15mg, 30mg	3	
			<i>REMERON SOLTAB</i> TBDP 15mg, 30mg, 45mg	3	

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1		<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3		<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
SPRAVATO SOL 56MG DOS	3	NDS NM PA	<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
SPRAVATO SOL 84MG DOS	3	NDS NM PA	<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1		<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1		<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3		<i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
TRINTELLIX TABS 5mg, 10mg, 20mg	3		<i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)	1	
VENLAFAKINE BESYLATE ER TB24 112.5mg	3		<i>carbidopa &amp; levodopa tab</i> 25-250 mg	1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1		<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg, 225mg	1		<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3		<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1		<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3		<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
WELLBUTRIN XL TB24 150mg, 300mg	3	NDS	<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3		<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
ZURZUVAE CAPS 20mg, 25mg, 30mg	3	NDS NM PA	<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<b>ANTIPARKINSONIAN AGENTS</b>					
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1		CREXONT CAP 35-140MG	3	
APOKYN SOCT 30mg/3ml	3	NDS NM PA	CREXONT CAP 52.5-210	3	
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	3	NDS NM PA	CREXONT CAP 70-280MG	3	
AZILECT TABS .5mg, 1mg	3	NDS	CREXONT CAP 87.5-350	3	
			DHIVY TAB 25-100MG	3	
			DUOPA SUS 4.63-20	3	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>entacapone</i> TABS 200mg	1	
GOCOVRi CP24 68.5mg, 137mg	3	NDS NM
INBRIJA CAPS 42mg	3	NDS NM PA
LODOSYN TABS 25mg	3	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	3	NDS NM
ONAPGO SOCT 98mg/20ml	3	NDS NM PA
ONGENTYS CAPS 25mg, 50mg	3	
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i>	1	
TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg		
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	
<i>ropinirole hydrochloride</i>	1	
TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg		
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	3	NDS NM PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
<b>ANTIPSYCHOTICS</b>		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ABILIFY ASIMTUFII PRSY	3	NDS
720mg/2.4ml, 960mg/3.2ml		
ABILIFY MAINTENA PRSY	3	NDS
300mg, 400mg; SRER 300mg, 400mg		
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1	
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	
ARISTADA PRSY	3	NDS
441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml		
ARISTADA INITIO PRSY	3	NDS
675mg/2.4ml		
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 100mg	1	
<i>clozapine</i> TABS 50mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg	3	NDS
COBENFY CAP 50-20MG	3	NDS
COBENFY CAP 100-20MG	3	NDS
COBENFY CAP 125-30MG	3	NDS
COBENFY STRT CAP PACK	3	NDS
ERZOFRI SUSY 39mg/0.25ml	3	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
ERZOFRI SUSY 78mg/0.5ml, 3 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml		NDS	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	1	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS	LYBALVI TAB 5-10MG	3	NDS
FANAPT PAK PACK A	3		LYBALVI TAB 10-10MG	3	NDS
FANAPT PAK PACK C	3		LYBALVI TAB 15-10MG	3	NDS
<i>fluphenazine decanoate</i>	1		LYBALVI TAB 20-10MG	3	NDS
SOLN 25mg/ml			<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
<i>fluphenazine hcl</i> CONC	1		NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM PA
5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg			<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 20mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS	<i>olanzapine</i> TABS 7.5mg, 10mg, 15mg; TBDP 5mg, 10mg, 15mg, 20mg	1	
GEODON SOLR 20mg	3		OPIPZA FILM 2mg, 5mg, 10mg	3	NDS
HALDOL DECANOATE 50	3		<i>paliperidone</i> TB24 1.5mg	1	
SOLN 50mg/ml			<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 6mg, 9mg	1	
HALDOL DECANOATE 100	3		<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
SOLN 100mg/ml			PERSERIS PRSY 90mg, 120mg	3	NDS
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg			<i>pimozide</i> TABS 1mg, 2mg	1	
<i>haloperidol</i> decanoate SOLN	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
50mg/ml			<i>quetiapine fumarate</i> TABS	1	
<i>haloperidol</i> decanoate	1		150mg		
(generic of HALDOL DECANOATE 100) SOLN			<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24	1	
100mg/ml			50mg, 150mg, 200mg, 300mg, 400mg		
<i>haloperidol lactate</i> CONC	1		REXULTI TABS .25mg, .5mg, 3 1mg, 2mg, 3mg, 4mg	3	NDS
2mg/ml; SOLN 5mg/ml			RISPERDAL SOLN 1mg/ml;	3	
INVEGA TB24 3mg, 6mg, 9mg	3		TABS .5mg, 1mg, 2mg, 3mg, 4mg		
INVEGA HAFYERA SUSY	3	NDS	RISPERDAL CONSTA SRER 3		
1092mg/3.5ml, 1560mg/5ml			12.5mg		
INVEGA SUSTENNA SUSY	3		RISPERDAL CONSTA SRER 3		NDS
39mg/0.25ml			25mg, 37.5mg, 50mg		
INVEGA SUSTENNA SUSY	3	NDS			
78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml					
INVEGA TRINZA SUSY	3	NDS			
273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml					
LATUDA TABS 20mg, 40mg,	3	NDS			
60mg, 80mg, 120mg					
<i>loxapine succinate</i> CAPS	1				
5mg, 10mg, 25mg, 50mg					

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg	3	NDS
RYKINDO SRER 25mg, 37.5mg, 50mg	3	NDS
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	NDS
SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
SEROQUEL XR TB24 150mg, 200mg, 300mg, 400mg	3	
<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	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS
VERSACLOZ SUSP 50mg/ml	3	NDS
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg	3	
ZYPREXA TABS 20mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS
BRIVIACT SOLN 50mg/5ml	3	
<i>carbamazepine</i> CHEW 100mg, 200mg	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	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
<i>clonazepam</i> (generic of KLONOPI) TABS .5mg, 1mg, 2mg	1	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM PA
<i>diazepam</i> SOLN 5mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam</i> inj SOLN 5mg/ml	1	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
diazepam intensol CONC 5mg/ml	1		KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
DILANTIN CAPS 30mg, 100mg	3		KEPPRA TABS 250mg	3	
DILANTIN INFATABS CHEW 50mg	3		KEPPRA XR TB24 500mg, 750mg	3	NDS
DILANTIN-125 SUSP 125mg/5ml	3		KLONOPIN TABS .5mg, 1mg, 2mg	3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		lacosamide (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		lacosamide oral (generic of VIMPAT) SOLN 10mg/ml	1	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
ELEPSIA XR TB24 1000mg	3		LAMICTAL CHEWABLE	3	NDS
ELEPSIA XR TB24 1500mg	3	NDS	DISPERS CHEW 5mg, 25mg		
EPIDIOLEX SOLN 100mg/ml	3	NDS NM PA	LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS
epitol (generic of TEGRETOL) TABS 200mg	1		LAMICTAL ODT KIT BLUE	3	
EPRONTIA SOLN 25mg/ml	3		LAMICTAL ODT KIT GREEN	3	
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg, 600mg, 800mg	1		LAMICTAL ODT KIT ORANGE	3	
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg		
felbamate SUSP 600mg/5ml	1		LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)		
felbamate (generic of FELBATOL) TABS 400mg, 600mg	1		LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)		
FELBATOL TABS 400mg, 600mg	3	NDS	LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS
FINTEPLA SOLN 2.2mg/ml	3	NDS NM PA	LAMICTAL XR KIT	3	
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS	lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
FYCOMPA TABS 2mg	3		lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1		lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
GABARONE TABS 100mg, 400mg	3	NDS			

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1		<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>lamotrigine</i> tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)	1		<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>lamotrigine</i> tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3	
<i>lamotrigine</i> tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)	3	NDS	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
<i>lamotrigine</i> tab disint 21 x 25 mg & 7 x 50 mg titration kit (generic of LAMICTAL ODT)	1		MOTPOLY XR CP24 100mg	3	
<i>lamotrigine</i> tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)	1		MOTPOLY XR CP24 150mg, 200mg	3	NDS
<i>lamotrigine</i> tab disint 42 x 50mg & 14 x 100mg titration kit (generic of LAMICTAL ODT)	1		mysoline TABS 50mg, 250mg	3	NDS
LEVETIR/NACL INJ 5MG/ML	3		NAYZILAM SOLN 5mg/0.1ml	3	
LEVETIR/NACL INJ 10MG/ML	3		NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml	3	
LEVETIR/NACL INJ 15MG/ML	3		NEURONTIN TABS 600mg, 800mg	3	NDS
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3	NDS
LEVETIRACETAM TB3D 250mg	3		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	
<i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1		<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	3	NDS
			OXTELLAR XR TB24 150mg	3	
			OXTELLAR XR TB24 300mg, 600mg	3	NDS
			<i>perampanel</i> (generic of FYCOMPA) TABS 2mg	1	
			<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
			<i>phenobarbital</i> ELIX 20mg/5ml	3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2		<i>subvenite</i> starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	3	NDS
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3		<i>subvenite</i> starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>phenytek</i> CAPS 200mg, 300mg	1		<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	3	NDS
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		<i>TEGRETOL</i> SUSP 100mg/5ml; TABS 200mg	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		<i>TEGRETOL-XR</i> TB12 100mg, 200mg, 400mg	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	1		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		<i>TOPAMAX</i> TABS 25mg	3	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1		<i>TOPAMAX</i> TABS 50mg, 100mg, 200mg	3	NDS
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1		<i>TOPAMAX SPRINKLE</i> CPSP 15mg	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>TOPAMAX SPRINKLE</i> CPSP 25mg	3	NDS
<i>primidone</i> TABS 125mg	1		<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg, 50mg, 100mg, 200mg	1	
<i>roweepra</i> (generic of KEPPRa) TABS 500mg	1		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS	<i>topiramate</i> CPSP 50mg; CS24 25mg, 50mg, 100mg, 150mg, 200mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1		<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml	1	
SABRIL PACK 500mg; TABS 500mg	3	NDS NM PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3		<i>TRILEPTAL</i> SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>TRILEPTAL</i> TABS 150mg	3	
<i>subvenite</i> starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		TROKENDI XR CP24 25mg, 50mg	3	
			TROKENDI XR CP24 100mg, 200mg	3	NDS
			<i>VALIUM</i> TABS 2mg, 5mg, 10mg	3	
			<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
			<i>valproic acid</i> CAPS 250mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VALTOCO 5 MG DOSE LIQD 3 5mg/0.1ml			ADDERALL TAB 20MG	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3		ADDERALL TAB 30MG	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3		ADDERALL XR CAP 5MG	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3		ADDERALL XR CAP 10MG	3	
vigabatrin (generic of SABRIL) 3 PACK 500mg; TABS 500mg	NDS	NM PA	ADDERALL XR CAP 15MG	3	
vigadron (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM PA	ADDERALL XR CAP 20MG	3	
VIGAFYDE SOLN 100mg/ml	3	NDS NM PA	ADDERALL XR CAP 25MG	3	
vigpoder (generic of SABRIL) 3 PACK 500mg	NDS	NM PA	ADDERALL XR CAP 30MG	3	
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	3	NDS	ADZENYS XR-ODT TBED	3	
VIMPAT TABS 50mg	3		3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg		
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	3	NDS	amphetamine-	1	
XCOPRI PAK 12.5-25	3		dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS)		
XCOPRI PAK 50-100MG	3	NDS	amphetamine-	1	
XCOPRI PAK 100-150	3	NDS	dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS)		
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS	amphetamine-	1	
XCOPRI PAK 150-200MG (TITRATION)	3	NDS	dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS)		
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3		amphetamine-	1	
ZONEGRAN CAPS 25mg, 100mg	3	NDS	dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)		
ZONISADE SUSP 100mg/5ml	3	NDS	amphetamine-	1	
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1		dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)		
zonisamide CAPS 50mg	1		amphetamine-	1	
ZTALMY SUSP 50mg/ml	3	NDS NM PA	dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
ADDERALL TAB 5MG	3		amphetamine-	1	
ADDERALL TAB 7.5MG	3		dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)		
ADDERALL TAB 10MG	3		amphetamine-	1	
ADDERALL TAB 12.5MG	3		dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)		
ADDERALL TAB 15MG	3		amphetamine-	1	
			dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)		

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	1		<i>dexamphetamine hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg</i>	1	
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	1		<i>dextroamphetamine sulfate CP24 5mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	1		<i>dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg, 15mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	1		<i>DYANAVEL XR SUER 2.5mg/ml; TBCR 5mg, 10mg, 15mg, 20mg</i>	3	
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	1		<i>FOCALIN TABS 2.5mg, 5mg, 10mg</i>	3	
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	1		<i>FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	3	
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	1		<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg</i>	2	
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	1		<i>INTUNIV TB24 1mg, 2mg, 3mg, 4mg</i>	3	
<i>APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	3		<i>JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg</i>	3	
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1		<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	
<i>AZSTARYS CAP 26.1-5.2</i>	3		<i>METADATE CD CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	3	
<i>AZSTARYS CAP 39.2-7.8</i>	3		<i>METHYLIN SOLN 5mg/5ml, 10mg/5ml</i>	3	
<i>AZSTARYS CAP 52.3-10.</i>	3		<i>methylphenidate (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	
<i>CONCERTA TBCR 18mg, 27mg, 36mg, 54mg</i>	3		<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; CP24 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	1	
<i>COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg</i>	3		<i>methylphenidate hcl (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	
<i>DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	3				
<i>DEXEDRINE CP24 10mg, 15mg</i>	3	NDS			
<i>dexamphetamine hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1			
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1			
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1			
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1			
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1			
MYDAYIS CAP 12.5MG	3			
MYDAYIS CAP 25MG	3			
MYDAYIS CAP 37.5MG	3			
MYDAYIS CAP 50MG	3			
QUELBREE CP24 100mg, 150mg, 200mg	3			
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3			
QUILLIVANT XR SRER 25mg/5ml	3			
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	3			
RITALIN TABS 10mg, 20mg	3			
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3			
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3			
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3			
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1			
<b>HYPNOTICS</b>				
AMBIEN TABS 5mg, 10mg	3			
AMBIEN CR TBCR 6.25mg, 12.5mg	3			
<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Drug Requirements/ Limits</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2			
DAYVIGO TABS 5mg, 10mg	2			
<i>doxepin hcl</i> (sleep) (generic of SILENOR) TABS 3mg, 6mg	1			
EDLUAR SUBL 5mg, 10mg	3			
estazolam TABS 1mg, 2mg	1			
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3			
HALCION TABS .25mg	3			
HETLIOZ CAPS 20mg	3	NDS NM PA		
HETLIOZ LQ SUSP 4mg/ml	3	NDS NM PA		
LUNESTA TABS 1mg, 2mg, 3mg	3	NDS		
QUVIVIQ TABS 25mg, 50mg	3			
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1			
RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	3	NDS		
ROZEREM TABS 8mg	3			
SILENOR TABS 3mg, 6mg	3			
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg	3	NDS NM PA		
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg	1			
<i>triazolam</i> (generic of HALCION) TABS .25mg	2			
<i>triazolam</i> TABS .125mg	2			
<i>zaleplon</i> CAPS 5mg, 10mg	2			
ZOLPIDEM TARTRATE CAPS 7.5mg	3			
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	3			
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg	1			
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2			
<b>MIGRAINE</b>				
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM		
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	NM		
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	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	Drug Requirements/ Limits
CAMBIA PACK 50mg	3	NDS
<i>diclofenac potassium</i> <i>(migraine) (generic of</i> <i>CAMBIA) PACK 50mg</i>	1	
<i>dihydroergotamine mesylate</i>	3	NDS
SOLN 1mg/ml, 4mg/ml		
<i>eletriptan hydrobromide</i>	1	
<i>(generic of RELPAX) TABS</i>		
20mg, 40mg		
ELYXYB SOLN 120mg/4.8ml	3	NDS
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM
ERGOMAR SUBL 2mg	3	NDS
<i>ergotamine w/ caffeine tab 1-</i>	1	
<i>100 mg</i>		
FROVA TABS 2.5mg	3	NDS
<i>frovatriptan succinate (generic of FROVA)</i> TABS 2.5mg	1	
IMITREX TABS 25mg, 50mg, 100mg	3	
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3	NDS
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3	NDS
MAXALT TABS 10mg	3	
MAXALT-MLT TBDP 10mg	3	
<i>migergot</i>	3	NDS
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	
NURTEC TBDP 75mg	2	
ONZETRA XSAIL EXHP 11mg/nosepc	3	NDS
QULIPTA TABS 10mg, 30mg, 60mg	2	
RELPAX TABS 20mg	3	
RELPAX TABS 40mg	3	NDS
REYVOW TABS 50mg, 100mg	3	
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1	
<i>rizatriptan benzoate (generic of MAXALT)</i> TABS 10mg	1	
<i>rizatriptan benzoate (generic of MAXALT-MLT)</i> TBDP 10mg	1	
<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
<i>sumatriptan-naproxen sodium</i> tab 85-500 mg (generic of TREXIMET)	1	
SYMBRAVO TAB 20-10MG	3	
TOSYMRA SOLN 10mg/act	3	
TREXIMET TAB 85-500MG	3	NDS
TRUDHESA AERS .725mg/act	3	NDS
UBRELVY TABS 50mg, 100mg	2	
VYEPTI SOLN 100mg/ml	3	NDS NM
ZAVZPRET SOLN 10mg/act	3	NDS
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan (generic of ZOMIG)</i> SOLN 2.5mg, 5mg	1	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	
ZOMIG SOLN 2.5mg, 5mg	3	
<i>zomig</i> TABS 2.5mg, 5mg	1	
<b>MISCELLANEOUS</b>		
AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NDS NM PA
AUSTEDO XR TAB TITR KIT	3	NDS NM PA
DAYBUE SOLN 200mg/ml	3	NDS NM PA
DUVYZAT SUSP 8.86mg/ml	3	NDS NM PA
<i>edaravone (generic of RADICAVA)</i> SOLN 30mg/100ml	3	NDS NM PA

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
edaravone SOLN 60mg/100ml	3	NDS NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS NM PA
FIRDAPSE TABS 10mg	3	NDS NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg, 600mg	1	PA
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
HORIZANT TBCR 300mg, 600mg	3	PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESPAN TBCR 180mg	3	NDS
NUEDEXTA CAP 20-10MG	3	NDS PA
<i>paroxetine mesylate</i> ( <i>vasomotor</i> ) CAPS 7.5mg	3	
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 130mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
riluzole TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NDS NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg	1	NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg	3	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml	3	NDS NM PA
XENAZINE TABS 12.5mg, 25mg	3	NDS NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TB12 10mg	3	NDS NM PA
AUBAGIO TABS 7mg, 14mg	3	NDS NM PA
AVONEX PSKT 30mcg/0.5ml	3	NDS NM PA
AVONEX PEN AJKT 30mcg/0.5ml	3	NDS NM PA
BAFIERTAM CPDR 95mg	3	NDS NM PA
BETASERON KIT .3mg	3	NDS NM PA
BRIUMVI SOLN 150mg/6ml	3	NDS NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	3	NDS NM PA
<i>dimethyl fumarate capsule dr</i> starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
<i>fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	3	NDS NM PA
GILENYA CAPS .25mg, .5mg	3	NDS NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
KESIMPTA SOAJ 20mg/0.4ml	3	NDS NM PA
LEMTRADA SOLN 12mg/1.2ml	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM PA
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NDS NM PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM PA
OCREVUS SOLN 300mg/10ml	3	NDS NM PA
OCREVUS INJ ZUNOVO	3	NDS NM PA
PLEGRIDY SOAJ 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM PA
PLEGRIDY INJ STARTER	3	NDS NM PA
PLEGRIDY PEN INJ STARTER	3	NDS NM PA
PONVORY TABS 20mg	3	NDS NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM PA
REBIF REBIDO INJ TITRATN	3	NDS NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM PA
REBIF TITRTN INJ PACK	3	NDS NM PA
TASCENO ODT TBDP .25mg, .5mg	3	NDS NM PA
TECFIDERA CPDR 120mg, 240mg	3	NDS NM PA
TECFIDERA CAP STARTER	3	NDS NM PA
teriflunomide (generic of AUBAGIO) TABS 7mg, 14mg	3	NDS NM PA
TYSABRI CONC 300mg/15ml	3	NDS NM PA
VUMERTY CPDR 231mg	3	NDS NM PA
ZEPOSIA CAPS .92mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM PA
ZEPOSIA CAP STR KIT	3	NDS NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
baclofen SOLN 5mg/5ml; TABS 5mg, 10mg, 15mg, 20mg	1	
baclofen (generic of OZOBAX DS) SOLN 10mg/5ml	1	
baclofen (generic of FLEQSVY) SUSP 25mg/5ml	3	NDS
BOTOX SOLR 100unit, 200unit	3	NDS PA
carisoprodol (generic of SOMA) TABS 250mg	3	
carisoprodol (generic of SOMA) TABS 350mg	2	
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg	2	
DANTRIUM CAPS 25mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1	
dantrolene sodium CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
FLEQSVY SUSP 25mg/5ml	3	NDS
metaxalone TABS 400mg, 800mg	3	
methocarbamol TABS 500mg, 750mg	2	
methocarbamol TABS 1000mg	3	NDS
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	NDS
SOMA TABS 250mg	3	
SOMA TABS 350mg	3	NDS
tanlor TABS 1000mg	3	NDS
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	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.

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
ZANAFLEX TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
armodafinil (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	3	NDS NM PA
LUMRYZ PAK STARTER	3	NDS NM PA
modafinil (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
PROVIGIL TABS 200mg	3	NDS PA
SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM PA
XYREM SOLN 500mg/ml	3	NDS NM PA
XYWAV SOL 0.5GM/ML	3	NDS NM PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
acamprosate calcium TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	3	NDS NM
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	1	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	1	QL
QL (180 films / 30 days)		
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)	1	QL
QL (90 films / 30 days)		
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)	1	QL
QL (120 films / 30 days)		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)	1	QL
QL (90 films / 30 days)		
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL
QL (180 tabs / 30 days)		
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL
QL (120 tabs / 30 days)		
bupropion hcl (smoking deterrent) TB12 150mg	1	
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
lofexidine hcl (generic of LUCEMYRA) TABS .18mg	3	NDS
LUCEMYRA TABS .18mg	3	NDS
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
varenicline tartrate TABS .5mg, 1mg	1	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	
VIVITROL SUSR 380mg	3	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL

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	Drug Requirements/ Limits
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
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
AVEED SOLN 750mg/3ml	3	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 1 200mg		
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg	3	PA
JATENZO CAPS 237mg	3	NDS PA
TESTIM GEL 1%	3	PA
testosterone GEL 1%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	1	PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
TLANDO CAPS 112.5mg	3	PA
UNDECATREX CAPS 200mg	3	PA
VOGELXO GEL 50mg/5gm	3	PA
VOGELXO PUMP GEL 1%	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
<b>ANTIDIABETICS</b>		
acarbose TABS 25mg, 50mg, 100mg		
ACTOPLUS MET TAB 15- 850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
alogliptin-metformin hcl tab 12.5-500 mg	3	
alogliptin-metformin hcl tab 12.5-1000 mg	3	
alogliptin-pioglitazone tab 12.5-30 mg	3	
alogliptin-pioglitazone tab 25- 15 mg	3	
alogliptin-pioglitazone tab 25- 30 mg	3	
alogliptin-pioglitazone tab 25- 45 mg	3	
dapagliflozin propanediol TABS 5mg, 10mg	2	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
exenatide SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	1	QL PA
FARXIGA TABS 5mg, 10mg	2	
glimepiride TABS 1mg, 2mg, 3mg, 4mg	1	
glipizide TABS 2.5mg, 5mg, 10mg; TB24 2.5mg	1	
glipizide (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5- 500 mg	1	
GLUCOTROL XL TB24 5mg	3	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	3	
INVOKAMET TAB 50-1000	3	
INVOKAMET TAB 150-500	3	
INVOKAMET TAB 150-1000	3	
INVOKAMET XR TAB 50- 500MG	3	
INVOKAMET XR TAB 50- 1000	3	
INVOKAMET XR TAB 150- 500	3	

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
INVOKAMET XR TAB 150-1000	3		nateglinide TABS 60mg, 120mg	1	
INVOKANA TABS 100mg, 300mg	3		OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL PA
JANUMET TAB 50-500MG	2		QL (1 pen / 28 days)		
JANUMET TAB 50-1000	2		OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL PA
JANUMET XR TAB 50-500MG	2		QL (1 pen / 28 days)		
JANUMET XR TAB 50-1000	2		OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL PA
JANUMET XR TAB 100-1000	2		QL (1 pen / 28 days)		
JANUVIA TABS 25mg, 50mg, 100mg			pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
JARDIANCE TABS 10mg, 25mg	2		pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1	
JENTADUETO TAB 2.5-500	2		pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1	
JENTADUETO TAB 2.5-850	2		pioglitazone hcl-metformin hcl tab 15-500 mg	1	
JENTADUETO TAB 2.5-1000	2		pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1	
JENTADUETO TAB XR 2.5-1000MG	2		repaglinide TABS .5mg, 1mg, 2mg		
JENTADUETO TAB XR 5-1000MG	2		RYBELSUS TABS 3mg, 7mg, 14mg	2	QL PA
liraglutide (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA	QL (30 tabs / 30 days)		
metformin hcl (generic of RIOMET) SOLN 500mg/5ml	1		saxagliptin hcl TABS 2.5mg	1	
metformin hcl TABS 500mg, 850mg, 1000mg	1		saxagliptin hcl (generic of ONGLYZA) TABS 5mg	1	
metformin hcl TABS 625mg, 750mg	3	NDS	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	
metformin hcl TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1		saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	
metformin hcl TB24 500mg, 1000mg (generic of FORTAMET)	1		saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	
metformin hcl TB24 500mg, 1000mg (generic of GLUMETZA)	1		SEGLUROMET TAB 2.5-500	3	
miglitol TABS 25mg, 50mg, 100mg	1		SEGLUROMET TAB 2.5-1000	3	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA	SEGLUROMET TAB 7.5-500	3	
			SEGLUROMET TAB 7.5-1000	3	
			SITAG/METFOR TAB 50-500MG	3	
			SITAG/METFOR TAB 50-1000	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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SITAG/METFOR TAB 100-1000	3		ZITUVIMET XR TAB 50-500MG	3	
SITAGLIPTIN TABS 25mg, 50mg, 100mg	3		ZITUVIMET XR TAB 50-1000	3	
STEGLATRO TABS 5mg, 15mg	3		ZITUVIMET XR TAB 100-1000	3	
STEGLUJAN TAB 5-100MG	3		ZITUVIO TABS 25mg, 50mg, 100mg	3	
STEGLUJAN TAB 15-100MG	3		<b>ANTIDIABETICS, INSULINS</b>		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	ADMELOG SOLN 100unit/ml	2	B/D
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY TAB 5-500MG	2		AFREZZA POWD 4unit, 8unit	3	
SYNJARDY TAB 5-1000MG	2		AFREZZA POWD 12unit	3	NDS
SYNJARDY TAB 12.5-500	2		AFREZZA POW 4-8 UNIT	3	NDS
SYNJARDY TAB 12.5-1000MG	2		AFREZZA POW 4-8-12	3	NDS
SYNJARDY XR TAB 5-1000MG	2		AFREZZA POW 8-12UNIT	3	NDS
SYNJARDY XR TAB 10-1000	2		ALCOHOL SWABS:	2	PA
SYNJARDY XR TAB 12.5-1000	2		EMBECTA-BD/MHC/RUGBY		
TRADJENTA TABS 5mg	2		APIDRA SOLN 100unit/ml	3	B/D
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2		APIDRA SOLOSTAR SOPN 100unit/ml	3	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2		BASAGLAR KWIKPEN SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2		BASAGLAR TEMPO PEN SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2		CEQUR SIMPL KIT PATCH 2U (3-DAY)	3	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	CEQUR SIMPL KIT PATCH 2U (4-DAY)	3	
TZIELD SOLN 2mg/2ml	3	NDS NM PA	CEQUR SIMPL MIS INSERTER	3	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA	FIASP SOLN 100unit/ml	2	B/D
XIGDUO XR TAB 2.5-1000	2		FIASP FLEXTOUCH SOPN 100unit/ml	2	
XIGDUO XR TAB 5-500MG	2		FIASP PENFILL SOCT 100unit/ml	2	
XIGDUO XR TAB 5-1000MG	2		FIASP PUMPCART SOCT 100unit/ml	2	B/D
XIGDUO XR TAB 10-500MG	2		GAUZE PADS 2X2	2	PA
XIGDUO XR TAB 10-1000	2		HUMALOG SOCT 100unit/ml	3	
ZITUVIMET TAB 50-500MG	3		HUMALOG SOLN 100unit/ml	3	B/D
ZITUVIMET TAB 50-1000	3		HUMALOG JUNIOR	3	
			KWIKPEN SOPN 100unit/ml		
			HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
			HUMALOG MIX INJ 50/50KWP	3	

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
HUMALOG MIX INJ 75/25KWP	3		MERILOG SOLN 100unit/ml	3	B/D
HUMALOG MIX SUS 75/25	3		MERILOG SOLOSTAR SOPN 100unit/ml	3	
HUMALOG TEMPO PEN SOPN 100unit/ml	3		NOVOLIN70/30 INJ RELION	3	
HUMULIN INJ 70/30	3		NOVOLIN INJ 70/30	2	
HUMULIN INJ 70/30KWP	3		NOVOLIN INJ 70/30 FP	2	
HUMULIN N SUSP 100unit/ml	3		NOVOLIN INJ 70/30 FP RELION	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3		NOVOLIN N SUSP 100unit/ml	2	
HUMULIN R SOLN 100unit/ml	3	B/D	NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D	NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
HUMULIN R U-500 KWIKPEN SUPN 500unit/ml	3	NDS	NOVOLIN N RELION SUSP 100unit/ml	3	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3		NOVOLIN R SOLN 100unit/ml	2	B/D
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3		NOVOLIN R FLEXPEN SUPN 100unit/ml	2	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3		NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3		NOVOLIN R RELION SOLN 100unit/ml	3	B/D
INSULIN LISPRO SOLN 100unit/ml	3	B/D	NOVOLOG SOLN 100unit/ml	2	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3		NOVOLOG FLEXPEN SOPN 100unit/ml	2	
INSULIN LISPRO KWIKPEN SUPN 100unit/ml	3		NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA	NOVOLOG MIX INJ 70/30	2	
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA	NOVOLOG MIX INJ FLEX REL	3	
INSULIN SYRINGES: EMBECTA-BD	2	PA	NOVOLOG MIX INJ FLEXPEN	2	
LANTUS SOLN 100unit/ml	2		NOVOLOG PENFILL SOCT 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2		NOVOLOG RELI INJ 70/30	3	
LYUMJEV SOLN 100unit/ml	3	B/D	NOVOLOG RELION SOLN 100unit/ml	2	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3		OMNIPOD 5 DX KIT INT G7G6	3	
LYUMJEV TEMPO PEN SUPN 100unit/ml	3		OMNIPOD 5 DX MIS POD G7G6	3	
			OMNIPOD 5 L2 KIT INTRO G6	3	
			OMNIPOD 5 L2 MIS PODS G6	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
REZVOGLAR KWIKPEN	3	
SOPN 100unit/ml		
SEMGLEE SOLN 100unit/ml;	3	
SOPN 100unit/ml		
SOLIQUA INJ 100/33	2	
TOUJEAO MAX SOLOSTAR	2	
SOPN 300unit/ml		
TOUJEAO SOLOSTAR SOPN	2	
300unit/ml		
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH	3	
SOPN 100unit/ml, 200unit/ml		
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
XULTOPHY INJ 100/3.6	2	
<b>CALCIUM REGULATORS</b>		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	
BONSITY SOPN 560mcg/2.24ml	3	NDS NM PA
calcitonin (salmon) inj (generic of MIACALCIN) SOLN 200unit/ml	3	NDS B/D
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 560mcg/2.24ml	3	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
ibandronate sodium SOLN 3mg/3ml; TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	3	NDS B/D
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
deferasirox (generic of JADENU) TABS 90mg	1	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	1	NM PA

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI TAB	3	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA TAB 0.1-20	3	
balziva	1	
BEYAZ TAB	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-PROVERA	3	
CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	

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

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>medroxyprogesterone acetate</i> 1 <i>(contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)</i> SUSP 150mg/ml; SUSY 150mg/ml			<i>norlyroc</i> TABS .35mg	1	
<i>meleya</i> TABS .35mg	1		<i>nortrel</i> 0.5/35 (28)	1	
<i>merzee</i> (generic of TAYTULLA)	1		<i>nortrel</i> 1/35 (21)	1	
<i>mibelas</i> 24 fe	1		<i>nortrel</i> 1/35 (28)	1	
<i>microgestin</i> 1.5/30	1		<i>nortrel</i> 7/7/7	1	
<i>microgestin</i> 1/20	1		<i>NUVARING MIS</i>	3	
<i>microgestin fe</i> 1.5/30	1		<i>nylia</i> 1/35	1	
<i>microgestin fe</i> 1/20	1		<i>nylia</i> 7/7/7	1	
<i>milli</i>	1		<i>ocella</i> (generic of YASMIN 28)	1	
<i>minzoya</i> (generic of BALCOLTRA)	1		<i>orquidea</i> TABS .35mg	1	
<i>mono-linyah</i>	1		<i>PHEXXI GEL</i>	3	
<i>NATAZIA TAB</i>	3		<i>philith</i>	1	
<i>necon</i> 0.5/35-28	1		<i>pimtrea</i>	1	
<i>NEXPLANON</i> IMPL 68mg	2	NM	<i>portia-28</i>	1	
<i>NEXTSTELLIS</i> TAB 3-14.2MG	3		<i>reclipsen</i>	1	
<i>nikki</i> (generic of YAZ)	1		<i>rivelsa</i>	1	
<i>nora-be</i> TABS .35mg	1		<i>rosyrah</i>	1	
<i>norelgestromin-ethinyl estradiol</i> td ptwk 150-35 mcg/24hr	1		<i>SAFYRAL TAB</i>	3	
<i>norethindrone</i> (contraceptive) TABS .35mg	1		<i>setlakin</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol</i> tab 1 mg-20 mcg	1		<i>sharobel</i> TABS .35mg	1	
<i>norethindrone ace &amp; ethinyl estradiol</i> tab 1.5 mg-30 mcg	1		<i>simliya</i>	1	
<i>norethindrone ace-eth</i> 1 <i>estradiol-fe</i> chew tab 1 mg-20 mcg (24)	1		<i>simpesse</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe</i> cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1		<i>sprintec</i> 28	1	
<i>norgestimate &amp; ethinyl estradiol</i> tab 0.25 mg-35 mcg	1		<i>sronyx</i>	1	
<i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	1		<i>syeda</i> (generic of YASMIN 28)	1	
<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	1		<i>tarina</i> 24 fe	1	
			<i>tarina fe</i> 1/20 eq	1	
			<i>TAYTULLA CAP</i> 1MG/20MC	3	
			<i>tilia</i> fe	1	
			<i>tri-estarylla</i>	1	
			<i>tri-legest fe</i>	1	
			<i>tri-linyah</i>	1	
			<i>tri-lo-estarylla</i>	1	
			<i>tri-lo-marzia</i>	1	
			<i>tri-lo-mili</i>	1	
			<i>tri-lo-sprintec</i>	1	
			<i>tri-mili</i>	1	
			<i>tri-sprintec</i>	1	
			<i>tri-vylibra</i>	1	
			<i>tri-vylibra lo</i>	1	
			<i>turqoz</i>	1	
			<i>valtya</i> 1/50	1	
			<i>velivet</i>	1	

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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MENEST TABS .3mg,.625mg, 1.25mg, 2.5mg	3		dexamethasone ELIX	1	
MENOSTAR PTWK 14mcg/24hr	3		.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg		
mimvey (generic of ACTIVELLA)	2		DEXAMETHASONE	3	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		INTENSOL CONC 1mg/ml		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2		dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2		fludrocortisone acetate TABS 1 .1mg		
PREMARIN CREA .625mg/gm; SOLR 25mg	3		HEMADY TABS 20mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2		hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
PREMPHASE TAB	2		hydrocortisone sod succinate 1 (generic of SOLU-CORTEF) SOLR 100mg		
PREMPRO TAB 0.3-1.5	2		KENALOG-10 SUSP 3 B/D 10mg/ml		
PREMPRO TAB 0.45-1.5	2		KENALOG-40 SUSP 3 B/D 40mg/ml		
PREMPRO TAB 0.625-2.5	2		KENALOG-80 SUSP 3 B/D 80mg/ml		
PREMPRO TAB 0.625-5	2		MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
VAGIFEM TABS 10mcg	3		MEDROL DOSEPAK TBPK 3 4mg		
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
yuvafem (generic of VAGIFEM) TABS 10mcg	1		methylprednisolone TABS 1 B/D 32mg		
<b>GLUCOCORTICOIDS</b>					
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM	methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1	B/D
ALKINDI SPRINKLE CPSP .5mg	3	NM	methylprednisolone acetate 1 B/D (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml		
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1		methylprednisolone sod succ 1 B/D SOLR 40mg, 125mg		
CELESTONE INJ SOLUSPAN	3		methylprednisolone sod succ 1 B/D (generic of SOLU-MEDROL) SOLR 500mg, 1000mg		
CORTEF TABS 5mg, 10mg, 20mg	3				
CORTISONE ACETATE TABS 25mg	3				
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D	GVOKE PFS SOSY 1mg/0.2ml	2		
PEDIAPRED SOLN 5mg/5ml	3	B/D	PROGLYCEM SUSP 50mg/ml	3	NDS	
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D	ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2		
<i>prednisolone sodium</i> <i>phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D	<b>MISCELLANEOUS</b>			
<i>prednisolone sodium</i> <i>phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D	ACTHAR GEL 80unit/ml	3	NDS NM PA	
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D	ACTHAR GEL PEN 40unit/0.5ml, 80unit/ml	3	NDS NM PA	
<i>prednisone</i> TBPK 5mg, 10mg	1		ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM PA	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D	AQNEURSA PACK 1gm <i>betaine powder for oral</i> <i>solution</i> (generic of CYSTADANE)	3	NDS NM PA	
RAYOS TBEC 1mg, 2mg, 5mg	3	NDS B/D	BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM PA	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3		<i>cabergoline</i> TABS .5mg	1		
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D	CARBAGLU TBSO 200mg <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA	
taperdex 6-day TBPK 1.5mg	1		CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D	
taperdex 7-day TBPK 1.5mg	1		CERDELGA CAPS 84mg	3	NDS NM PA	
taperdex 12-day TBPK 1.5mg	1		CEREZYME SOLR 400unit	3	NDS NM PA	
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D	CHORIZONIC GONADOTROPIN SOLR 10000unit	3	NM PA	
ZILRETTA SRER 32mg	3	B/D NM	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg, 90mg	1	B/D NM	
<b>GLUCOSE ELEVATING AGENTS</b>						
BAQSIMI ONE PACK POWD 3mg/dose	3		CORTROPHIN GEL 80unit/ml; PRSY 40unit/0.5ml, 80unit/ml	3	NDS NM PA	
BAQSIMI TWO PACK POWD 3mg/dose	3		CRENESSITY CAPS 25mg, 50mg, 100mg; SOLN 50mg/ml	3	NDS NM PA	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS	CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA	
<i>glucagon (rdna)</i> KIT 1mg	1		CYSTADANE POW	3	NDS NM	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2		CYSTAGON CAPS 50mg, 150mg	3	NM PA	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2		DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS	
GVOKE KIT SOLN 1mg/0.2ml	2		DDAVP TABS .1mg	3		
			<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS	

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<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1		<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
<i>desmopressin acetate spray</i> SOLN .01%	1		<i>LUMIZYME</i> SOLR 50mg	3	NDS NM PA
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1		<i>LUPRON DEPOT-PED</i> (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
DOJOLVI LIQD 100%	3	NDS NM PA	<i>LUPRON DEPOT-PED</i> (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA	<i>LUPRON DEPOT-PED</i> (6- MONTH KIT 45mg	3	NDS NM PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM PA	<i>methergine</i> TABS .2mg	3	NDS PA
ELELYSO SOLR 200unit	3	NDS NM PA	<i>methylergonovine maleate</i> TABS .2mg	3	NDS PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	3	NDS NM PA	<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NDS NM PA
EVISTA TABS 60mg	3		<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA	<i>MIPLYFFA</i> CAPS 47mg, 62mg, 93mg, 124mg	3	NDS NM PA
FENSOLVI KIT 45mg	3	NDS NM PA	<i>MYALEPT</i> SOLR 11.3mg	3	NDS NM PA
GALAFOLD CAPS 123mg	3	NDS NM PA	<i>MYCAPSSA</i> CPDR 20mg	3	NDS NM PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA	<i>MYFEMBREE</i> TAB	3	NDS
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA	<i>NAGLAZYME</i> SOLN 1mg/ml	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA	<i>NEXVIAZYME</i> SOLR 100mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM PA	<i>NGENLA</i> SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM PA
ISTURISA TABS 1mg, 5mg	3	NDS NM PA	<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NDS NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA	<i>NITYR</i> TABS 2mg, 5mg, 10mg	3	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM PA	<i>NORDITROPIN FLEXPRO</i> SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
JYNARQUE PAK 30-15MG	3	NDS NM PA	<i>NOVAREL</i> SOLR 5000unit	3	NM PA
JYNARQUE PAK 45-15MG	3	NDS NM PA	<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	NDS NM PA
JYNARQUE PAK 60-30MG	3	NDS NM PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
JYNARQUE PAK 90-30MG	3	NDS NM PA			
KANUMA SOLN 20mg/10ml	3	NDS NM PA			
KORLYM TABS 300mg	3	NDS NM PA			
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA			
LAMZEDE SOLR 10mg	3	NDS NM PA			
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	3	NDS NM PA			
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NDS NM PA			

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octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA	sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA	SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM PA	SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM PA	SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM PA
OPFOLDA CAPS 65mg	3	NM PA	sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM PA	SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM PA
ORIAHNN CAP	3	NDS	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
ORILISSA TABS 150mg, 200mg	3	NDS	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
OSPHENA TABS 60mg	3	PA	STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM PA	SYNAREL SOLN 2mg/ml	3	NDS PA
PHEBURANE PLLT 483mg/gm	3	NDS NM PA	TEPEZZA SOLR 500mg	3	NDS NM PA
POMBILITI SOLR 105mg	3	NDS NM PA	tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
PREGNYL W/DILUENT	3	NM PA	tolvaptan (generic of JYNARQUE) TBPK 15mg	3	NDS NM PA
BENZYL SOLR 10000unit			tolvaptan tab therapy pack 30 & 15 mg	3	NDS NM PA
PROCYSB1 CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM PA	tolvaptan tab therapy pack 45 & 15 mg	3	NDS NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	1		tolvaptan tab therapy pack 60 & 30 mg	3	NDS NM PA
RAVICTI LIQD 1.1gm/ml	3	NDS NM PA	tolvaptan tab therapy pack 90 & 30 mg	3	NDS NM PA
RECORLEV TABS 150mg	3	NDS NM PA	VEOZAH TABS 45mg	3	
REVCOWI SOLN 2.4mg/1.5ml	3	NDS NM PA	VIJOICE PACK 50mg; TBPK 50mg, 125mg	3	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg	3	NDS NM PA	VIJOICE TAB 250MG	3	NDS NM PA
SAMSCA TABS 15mg, 30mg	3	NDS NM PA	VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA	VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA			
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA			

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VPRIV SOLR 400unit	3	NDS NM PA	<i>levothyroxine sodium</i> (generic of SYNTROID) TABS	1	
VYKAT XR TB24 25mg, 75mg, 150mg	3	NDS NM PA	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA	<i>levoxyl</i> (generic of SYNTROID) TABS	1	
yargesa (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
ZAVESCA CAPS 100mg	3	NDS NM PA	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	1	
ZOMACTON SOLR 5mg	3	NM PA	5mcg, 25mcg, 50mcg		
ZOMACTON SOLR 10mg	3	NDS NM PA	<i>methimazole</i> TABS	1	
<b>PROGESTINS</b>					
CRINONE GEL 4%, 8%	3	PA	<i>propylthiouracil</i> TABS	1	
gallifrey TABS 5mg	1		SYNTROID TABS	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS	1		25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
2.5mg, 5mg, 10mg			<i>TIROSINT</i> CAPS	3	
megestrol acetate SUSP 40mg/ml	2		13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
megestrol acetate (appetite) SUSP 625mg/5ml	3		<i>TIROSINT-SOL</i> SOLN	3	
norethindrone acetate TABS 5mg	1		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		
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	1		<i>unithroid</i> (generic of SYNTROID) TABS	1	
PROMETRIUM CAPS 100mg, 200mg	3		25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
PROVERA TABS 2.5mg, 5mg, 10mg	3		<b>VITAMIN D ANALOGS</b>		
<b>THYROID AGENTS</b>					
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3		<i>calcitriol</i> (generic of ROCALTROL) CAPS	1	B/D
ERMEA SOLN 150mcg/5ml	3		.25mcg, .5mcg		
<i>levo-t</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg					

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<i>calcitriol (oral) (generic of ROCALTROL) SOLN 1mcg/ml</i>	1	B/D	<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
<i>doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg</i>	1	B/D	<i>GIMOTI SOLN 15mg/act</i>	3	NDS
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	1	B/D	<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	1	
<i>paricalcitol CAPS 4mcg RAYALDEE CPCR 30mcg</i>	1	B/D	<i>granisetron hcl TABS 1mg MARINOL CAPS 2.5mg</i>	1	B/D
<i>ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml ZEMPLAR CAPS 1mcg, 2mcg</i>	3	B/D	<i>meclizine hcl TABS 12.5mg, 25mg, 50mg</i>	1	
<b>GASTROINTESTINAL ANTIEMETICS</b>			<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg</i>	1	
<i>AKYNZEO CAP 300-0.5</i>	3	B/D	<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	1	
<i>AKYNZEO INJ 235-0.25</i>	3	NM	<i>ondansetron TBDP 4mg, 8mg</i>	1	B/D
<i>AKYNZEO INJ 235-0.25MG/20ML</i>	3	NM	<i>ondansetron TBDP 16mg</i>	3	NDS B/D
<i>APONVIE EMUL 32mg/4.4ml</i>	3		<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	1	
<i>aprepitant CAPS 40mg, 125mg</i>	1	B/D	<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg</i>	1	B/D
<i>aprepitant (generic of EMEND BIPACK) CAPS 80mg</i>	1	B/D	<i>palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml</i>	1	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D	<i>PALONOSETRON HYDROCHLORID SOLN .25mg/2ml</i>	3	
<i>BONJESTA TAB 20-20MG</i>	3		<i>PHENERGAN SOLN 25mg/ml, 50mg/ml</i>	3	
<i>CINVANTI EMUL 130mg/18ml</i>	3		<i>POSFREA SOLN .25mg/5ml</i>	3	
<i>compro SUPP 25mg</i>	1		<i>prochlorperazine SUPP 25mg</i>	1	
<i>DICLEGIS TAB 10-10MG</i>	3		<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	1	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3		<i>prochlorperazine maleate TABS 5mg, 10mg</i>	1	
<i>dronabinol (generic of MARINOL) CAPS 2.5mg</i>	1	B/D	<i>promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>dronabinol CAPS 5mg, 10mg</i>	1	B/D	<i>promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml</i>	2	
<i>EMEND SOLR 150mg</i>	3		<i>promethazine hcl SUPP 12.5mg, 25mg</i>	3	
<i>EMEND SUSR 125mg/5ml</i>	3	NDS B/D	<i>PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml</i>	3	
<i>EMEND BIPACK CAPS 80mg</i>	3	B/D	<i>promethegan SUPP 12.5mg, 25mg, 50mg</i>	3	
<i>EMEND TRIPAC PAK 125 &amp; 80</i>	3	B/D			
<i>FOCINVEZ SOLN 150mg/50ml</i>	3				

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Drug Name	Drug Requirements/ Tier	Limits
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	3	NDS
scopolamine PT72 1mg/3days	3	
SUSTOL PRSY 10mg/0.4ml 300mg	3	
trimethobenzamide hcl CAPS VARUBI TBPK 90mg	3	B/D NM
<b>ANTISPASMODICS</b>		
atropine sulfate (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg	3	NDS
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml; TABS 1mg, 2mg	1	
GLYCOPYRROLATE TABS 1.5mg	3	NDS
glycopyrrolate (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1	
methscopolamine bromide TABS 2.5mg, 5mg	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml	1	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PEPCID TABS 20mg, 40mg	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CP24 .375gm	3	
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide CPEP 3mg	1	
budesonide (generic of UCERIS) TB24 9mg	3	NDS
budesonide (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg	3	NDS
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	3	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	
mesalamine (generic of APRISO) CP24 .375gm	1	
mesalamine CPCR 500mg; CPDR 400mg; ENEM 4gm; TBEC 800mg	1	
mesalamine (generic of CANASA) SUPP 1000mg	1	
mesalamine (generic of LIALDA) TBEC 1.2gm	1	
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg	3	
PENTASA CPCR 500mg	3	NDS
ROWASA KIT 4gm	3	NDS
SFROWASA ENEM 4gm/60ml	3	NDS
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>LAXATIVES</b>					
CLENPIQ SOL 10 MG-3.5	3		BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM PA
GM-12 GM/175ML			BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA
constulose SOLN 10gm/15ml	1		CARAFATE SUSP 1gm/10ml; TABS 1gm	3	
enulose SOLN 10gm/15ml	1		CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA
gavilyte-c	1		CREON CAP 3000UNIT	2	
gavilyte-g (generic of GOLYTELY)	1		CREON CAP 6000UNIT	2	
gavilyte-n/flavor pack	1		CREON CAP 12000UNT	2	
generlac SOLN 10gm/15ml	1		CREON CAP 24000UNT	2	
GOLYTELY SOL	3		CREON CAP 36000UNT	2	
kristalose PACK 10gm, 20gm	1		cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
lactulose PACK 10gm	3	NDS	CYTOTEC TABS 100mcg, 200mcg	3	
lactulose PACK 20gm; SOLN 10gm/15ml			diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
lactulose (encephalopathy) SOLN 10gm/15ml	1		diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	3	
MOVIPREP SOL	3		EOHILIA SUSP 2mg/10ml	3	NDS
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)	1		GASTROCROM CONC 100mg/5ml	3	NDS
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		GATTEX KIT 5mg	3	NDS NM PA
peg-3350/electrolytes/asc (generic of MOVIPREP)	1		HELIDAC MIS THERAPY	3	NDS
PLENUV SOL	3		IBSRELA TABS 50mg	3	NDS
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1		IQIRVO TABS 80mg	3	NDS NM PA
SUFLAVE SOL	3		LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
SUPREP BOWEL SOL PREP KIT	3		LIVDELZI CAPS 10mg	3	NDS NM PA
SUTAB TAB	3		LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NDS NM PA
<b>MISCELLANEOUS</b>					
alosetron hcl (generic of LOTRONEX) TABS 1mg	3	NDS	LOMOTIL TAB 2.5MG	3	
alosetron hcl (generic of LOTRONEX) TABS .5mg	1		loperamide hcl CAPS 2mg	1	
AMITIZA CAPS 8mcg, 24mcg	3		LOTRONEX TABS .5mg, 1mg	3	NDS
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1		lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg	1	
bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg (generic of PYLERA)	1		misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	

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Drug Name	Drug Requirements/ Tier	Limits
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NDS NM PA
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	
<i>prucalopride succinate</i>	1	
(generic of MOTEGRITY) TABS 1mg, 2mg		
PYLERA CAP	3	
REBYOTA SUSP 150ml	3	NDS NM PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
RELTONE CAPS 200mg, 400mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	3	NDS
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK	2	
VOQUEZNA PAK TRIP PK	2	

Drug Name	Drug Requirements/ Tier	Limits
VOWST CAP	3	NDS NM PA
XERMELO TABS 250mg	3	NDS NM PA
XIFAXAN TABS 550mg	3	NDS
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TBEC 20mg	3	NDS
DEXILANT CPDR 30mg, 60mg	3	
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> SOLR 40mg	1	
KONVOMEP SUS 2-84/ML	3	
<i>lansoprazole</i> CPDR 15mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg	1	
NEXIUM CPDR 20mg, 40mg; PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100 mg</i>	1	
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i>	1	
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for susp 20-1680 mg</i>	3	NDS
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for susp 40-1680 mg</i>	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium (generic of PROTONIX) PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg</i>	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg	3	
PREVACID SOLUTAB TBDD 15mg, 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium (generic of ACIPHEX) TBEC 20mg</i>	1	
VOQUEZNA TABS 10mg, 20mg	3	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl (generic of UROXATRAL) TB24 10mg</i>	1	
AVODART CAPS .5mg	3	NDS
CARDURA XL TB24 4mg, 8mg	3	
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride (generic of AVODART) CAPS .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 1 0.5-0.4 mg (generic of JALYN)</i>	1	
<i>finasteride (generic of PROSCAR) TABS 5mg</i>	1	
JALYN CAP 0.5-0.4	3	
PROSCAR TABS 5mg	3	
<i>silodosin (generic of RAPAFLO) CAPS 4mg, 8mg</i>	1	
<i>tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)</i>	1	QL PA
<i>tamsulosin hcl CAPS .4mg</i>	1	
UROXATRAL TB24 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<b>MISCELLANEOUS</b>		
<i>acetic acid SOLN .25%</i>	1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1	
ELMIRON CAPS 100mg	3	NDS
FILSPARI TABS 200mg, 400mg	3	NDS NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM PA
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15)</i>	1	
TBCR 15meq		
<i>potassium citrate (alkalinizer) TBCR 540mg</i>	1	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10)</i>	1	
TBCR 1080mg		
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NDS NM PA
TARPEYO CPDR 4mg	3	NDS NM PA
THIOLA TABS 100mg	3	NDS NM
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin (generic of THIOLA) TABS 100mg</i>	3	NDS NM
<i>tiopronin (generic of THIOLA EC) TBEC 100mg, 300mg</i>	3	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	3	NDS NM PA
<i>venxxiva (generic of THIOLA EC) TBEC 100mg, 300mg</i>	3	NDS NM
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide TB24 7.5mg, 15mg</i>	1	
<i>fesoterodine fumarate (generic of TOVIAZ) TB24 4mg, 8mg</i>	1	
GEMTESA TABS 75mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg	1		ELIQUIS STARTER PACK	2	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3		TBPK 5mg		
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 2.5mg, 5mg; TB24 5mg, 10mg, 15mg	1		<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	
OXYTROL PTTW 3.9mg/24hr	3		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>solifenacain succinate</i> (generic of VESICARE) TABS 5mg, 10mg	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> CP24 2mg, 4mg; TABS 1mg	1		FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 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	3		HEP SOD/D5W INJ 20000UNT	3	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1		HEP SOD/D5W INJ 25000UNT	3	
VESICARE TABS 5mg, 10mg	3		HEP SOD/NACL INJ 12500UNT	2	
VESICARE LS SUSP 5mg/5ml	3		HEP SOD/NACL INJ 25000UNT	2	
<b>VAGINAL ANTI-INFECTIVES</b>					
CLEOCIN CREA 2%; SUPP 100mg	3		HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>clindamycin phosphate</i> <i>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		LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
miconazole 3 SUPP 200mg	1				
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1				
VANDAZOLE GEL .75%	3				
XACIATO GEL 2%	3				
<b>HEMATOLOGIC ANTICOAGULANTS</b>					
ARIXTRA SOLN 2.5mg/0.5ml	3				
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS			
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 110mg, 150mg	1				
ELIQUIS TABS 2.5mg, 5mg	2				

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LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS	NEULASTA SOSY 6mg/0.6ml	3	NDS NM PA
PRADAXA CAPS 75mg, 110mg, 150mg	3		NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	NDS NM PA
PRADAXA PACK 20mg, 30mg, 40mg, 50mg, 110mg, 150mg	3	NDS	NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
rivaroxaban (generic of XARELTO) TABS 2.5mg	1		NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2		NYVEPRIA SOSY 6mg/0.6ml	3	NDS NM PA
XARELTO STAR TAB 15/20MG	2		plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
<b>HEMATOPOIETIC GROWTH FACTORS</b>					
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA	PROCERIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA	PROCERIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
EPOGEN SOLN 2000unit/ml, 3 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA	RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
EPOGEN SOLN 20000unit/ml	3	NDS NM PA	RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA
FULPHILA SOSY 6mg/0.6ml	3	NDS NM PA	RETACRIT SOLN 40000unit/ml	3	NDS NM PA
FYLNETRA SOSY 6mg/0.6ml	3	NDS NM PA	ROLVEDON SOSY 13.2mg/0.6ml	3	NDS NM PA
GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	RYZNEUTA SOSY 20mg/ml	3	NDS PA
LEUKINE SOLR 250mcg	3	NDS NM PA	STIMUFEND SOSY 6mg/0.6ml	3	NDS NM PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	NM PA	UDENYCA SOAJ 6mg/0.6ml;	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA	SOSY 6mg/0.6ml		
<b>MISCELLANEOUS</b>					
			ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA
			ADAKEO SOLN 100mg/10ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
ADZYNMA KIT 500unit, 1500unit	3	NDS NM PA	PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM PA		
AGRYLIN CAPS .5mg	3		PYRUKYND TAB 20MGX5MG	3	NDS NM PA		
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	3	NDS NM PA	PYRUKYND TAB 50MGX20M	3	NDS NM PA		
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS	PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM PA		
<i>anagrelide hcl</i> CAPS 1mg	1		REBLOZYL SOLR 25mg, 75mg	3	NDS NM PA		
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1		RUCONEST SOLR 2100unit	3	NDS NM PA		
BERINERT KIT 500unit	3	NDS NM PA	RYTELO SOLR 47mg, 188mg	3	NDS NM PA		
BKEMV SOLN 300mg/30ml	3	NDS NM PA	<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA		
CABLIVI KIT 11mg	3	NDS NM PA	SIKLOS TABS 100mg	3			
cilostazol TABS 50mg, 100mg	1		SIKLOS TABS 1000mg	3	NDS		
CINRYZE SOLR 500unit	3	NDS NM PA	SOLIRIS SOLN 300mg/30ml	3	NDS NM PA		
DOPTELET TABS 20mg	3	NDS NM PA	TAKHZYRO SOSY 150mg/ml, 300mg/2ml	3	NDS NM PA		
<i>eltrombopag olamine</i> (generic of PROMACTA) PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM PA	TAVALISSE TABS 100mg, 150mg	3	NDS NM PA		
EMPAVELI SOLN 1080mg/20ml	3	NDS NM PA	TAVNEOS CAPS 10mg	3	NDS NM PA		
ENDARI PACK 5gm	3	NDS NM PA	<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1			
ENJAYMO SOLN 1100mg/22ml	3	NDS NM PA	<i>tranexamic acid</i> TABS 650mg	1			
EPYSQLI SOLN 300mg/30ml	3	NDS NM PA	<i>tranexamic acid-sodium</i> chloride iv soln 1000 mg/100ml-0.7% (generic of TRANEXAMIC ACID/SODIUM CH)	1			
FABHALTA CAPS 200mg	3	NDS NM PA	ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM PA		
FIRAZYR SOSY 30mg/3ml	3	NDS NM PA	VOYDEYA TABS 100mg	3	NDS NM PA		
GIVLAARI SOLN 189mg/ml	3	NDS NM PA	VOYDEYA TAB 50-100MG	3	NDS NM PA		
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM PA	XROMI SOLN 100mg/ml	3	NDS		
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA	<b>PLATELET AGGREGATION INHIBITORS</b>				
KALBITOR SOLN 10mg/ml	3	NDS NM PA	aspirin-dipyridamole cap er 12hr 25-200 mg	1			
<i>l-glutamine</i> (sickle cell) (generic of ENDARI) PACK 5gm	3	NDS NM PA	BRILINTA TABS 60mg, 90mg	3			
MULPLETA TABS 3mg	3	NDS NM PA	<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1			
ORLADEYO CAPS 110mg, 150mg	3	NDS NM PA	<i>clopidogrel bisulfate</i> TABS 300mg	1			
<i>pentoxifylline</i> TBCR 400mg	1		<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2			
PIASKY SOLN 340mg/2ml	3	NDS NM PA	EFFIENT TABS 5mg, 10mg	3			
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM PA					

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
PLAVIX TABS 75mg	3		HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1		HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	1		HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
<b>IMMUNOLOGIC AGENTS</b>			HUMIRA PEN KIT PS/UV	3	NDS NM PA
<b>AUTOIMMUNE AGENTS</b>			HUMIRA PEN-CD/UC/HS	3	NDS NM PA
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	3	NDS NM PA	START AJKT 80mg/0.8ml		
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	3	NDS NM PA	ILUMYA SOSY 100mg/ml	3	NDS NM PA
ADBRY SOAJ 300mg/2ml; SOSY 150mg/ml	3	NDS NM PA	INFLECTRA SOLR 100mg	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM PA	INFLIXIMAB SOLR 100mg	3	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml; SOSY 160mg/ml, 320mg/2ml	3	NDS NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM PA	KINERET SOSY 100mg/0.67ml	3	NDS NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml	3	NDS NM PA	LITFULO CAPS 50mg	3	NDS NM PA
CIMZIA STARTER KIT PSKT 200mg/ml	3	NDS NM PA	NEMLUVIO AUIJ 30mg	3	NDS NM PA
COSENTYX SOLN 125mg/5ml; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM PA	OLUMIANT TABS 1mg, 2mg, 4mg	3	NDS NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	NDS NM PA	OMVOH SOAJ 100mg/ml; SOLN 300mg/15ml; SOSY 100mg/ml	3	NDS NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml	3	NDS NM PA	OMVOH SOAJ 100/200	3	NDS NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml	3	NDS NM PA	OMVOH SOSY 100/200	3	NDS NM PA
EBGLYSS SOAJ 250mg/2ml; SOSY 250mg/2ml	3	NDS NM PA	ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA	ORENCIA CLICKJECT SOAJ 125mg/ml	3	NDS NM PA
ENBREL MINI SOCT 50mg/ml	3	NDS NM PA	OTEZLA TABS 20mg, 30mg	3	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM PA	OTEZLA TAB 10/20	3	NDS NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA	OTEZLA TAB 10/20/30	3	NDS NM PA
			PYZCHIVA SOLN 130mg/26ml; SOSY 90mg/ml	3	NDS NM PA
			PYZCHIVA SOSY 45mg/0.5ml	2	NM PA
			REMICADE SOLR 100mg	3	NDS NM PA
			RENFLEXIS SOLR 100mg	3	NDS NM PA
			RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
			RINVOQ LQ SOLN 1mg/ml	3	NDS NM PA
			SILIQ SOSY 210mg/1.5ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier Limits
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	3 NDS NM PA
SIMPONI ARIA SOLN 50mg/4ml	3 NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml	3 NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml	3 NDS NM PA
SOTYKTU TABS 6mg	3 NDS NM PA
SPEVIGO SOLN 450mg/7.5ml; SOSY 150mg/ml	3 NDS NM PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3 NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 20mg/0.25ml, 40mg/0.5ml, 80mg/ml	3 NDS NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3 NDS NM PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml; SOLN 200mg/20ml; SOSY 100mg/ml, 200mg/2ml	3 NDS NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	3 NDS NM PA
TYENNE SOAJ 162mg/0.9ml; SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	3 NDS NM PA
USTEKINUMAB SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3 NDS NM PA
VELSIPITY TABS 2mg	3 NDS NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3 NDS NM PA
XELJANZ XR TB24 11mg, 22mg	3 NDS NM PA
YESINTEK SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml	2 NM PA
YESINTEK SOSY 90mg/ml	3 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>	
ARAVA TABS 10mg, 20mg	3 NDS
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg	1
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1
JYLAMVO SOLN 2mg/ml	3 B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg	1
methotrexate sodium TABS 2.5mg	1
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3 NM PA
PLAQUENIL TABS 200mg	3
RASUVIO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3 NM PA
SOVUNA TABS 200mg, 300mg	3
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3 B/D
XATMEP SOLN 2.5mg/ml	3 B/D
<b>IMMUNOGLOBULINS</b>	
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3 NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	3 NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3 NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3 NDS NM PA
CYTOGAM SOLN 50mg/ml	3 NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3 NDS NM PA
GAMASTAN INJ	3 B/D NM

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

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
BENLYSTA SOAJ 200mg/ml; 3 SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM PA	PROGRAF CAPS .5mg, 1mg; 3 PACK .2mg, 1mg	3	B/D NM
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM	REZUROCK TABS 200mg	3	NDS NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM	SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	SANDIMMUNE CAPS 100mg	3	NDS B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM	SAPHNELO SOLN 300mg/2ml	3	NDS NM PA
ENVARSUS XR TB24 4mg	3	NDS B/D NM	sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM	tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	3	NDS B/D NM	ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM	<b>VACCINES</b>		
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM	ABRYSVO SOLR 120mcg/0.5ml	1	PA
IMURAN TABS 50mg	3	B/D	ACTHIB INJ	1	
LUPKYNIS CAPS 7.9mg	3	NDS NM PA	ADACEL INJ	1	
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	AREXVY SUSR 120mcg/0.5ml	1	PA
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	BCG VACCINE SOLR 50mg	1	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	BEXZERO SUSY .5ml	1	
MYFORTIC TBEC 180mg	3	B/D NM	BOOSTRIX INJ	1	
MYFORTIC TBEC 360mg	3	NDS B/D NM	DAPTACEL INJ	1	
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM	DENGVAXIA SUS	1	
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	3	NDS NM PA	GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
NULOJIX SOLR 250mg	3	NDS B/D NM	HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
PROGRAF CAPS 5mg	3	NDS B/D NM	HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D

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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
MENQUADFI SOLN .5ml	1		dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1	
MENVEO INJ	1		dextrose 5% in lactated ringers	1	
MENVEO SOL	1		dextrose 5% w/ sodium chloride 0.2%	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA	dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
PEDIARIX INJ 0.5ML	1		dextrose 5% w/ sodium chloride 0.9%	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1		dextrose 5% w/ sodium chloride 0.45%	1	
PENBRAYA INJ	1		dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1	
PENTACEL INJ	1		dextrose 10% w/ sodium chloride 0.45%	1	
PRIORIX INJ	1		ISOLYTE-P INJ /D5W	3	
PROQUAD INJ	1		ISOLYTE-S INJ	3	
QUADRACEL INJ 0.5ML	1		ISOLYTE-S INJ PH 7.4	3	
RABAVERT INJ	1	B/D	kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
ROTARIX SUS	1		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
ROTATEQ SOL	1		kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
SHINGRIX SUSR 50mcg/0.5ml	1		kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
TENIVAC INJ 5-2LF	1	B/D	kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1		kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
TRUMENBA SUSY .5ml	1				
TWINRIX INJ	1				
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1				
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1				
VARIVAX SUSR 1350pfu/0.5ml	1				
VAXCHORA SUS	1				
VIMKUNYA SUSY 40mcg/0.8ml	1				
VIVOTIF CAP EC	1				
YF-VAX INJ	1				
<b>NUTRITIONAL/SUPPLEMENTS</b>					
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>					
D2.5W/NACL INJ 0.45%	3				
D5W/LYTES INJ #48	3				
D10W/NACL INJ 0.2%	2				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1		potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1		potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1		sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
KCL/D5W/LACT INJ 20MEQ/L	3		TPN ELECTROL INJ	3	B/D
KCL/D5W/NACL INJ 0.3/0.9%	3		<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
lactated ringer's solution	1		klor-con PACK 20meq	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2		klor-con 8 TBCR 8meq	1	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2		klor-con 10 TBCR 10meq	1	
magnesium sulfate SOLN 50%	2		klor-con m10 TBCR 10meq	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2		klor-con m15 TBCR 15meq	1	
MG SO4/D5W INJ 10MG/ML	2		klor-con m20 TBCR 20meq	1	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	1		M-NATAL PLUS TAB	2	
PLASMA-LYTE INJ -A	3		POKONZA PACK 10meq	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3		potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3		potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3		PRENATAL TAB 27-1MG	2	
potassium chloride SOLN 2meq/ml	1		PRENATAL TAB PLUS	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3		sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
			WESTAB PLUS TAB 27-1MG	2	
			<b>IV NUTRITION</b>		
			CLINIMIX E INJ 2.75/D5W	3	B/D
			CLINIMIX E INJ 4.25/D5W	3	B/D
			CLINIMIX E INJ 4.25/D10	3	B/D
			CLINIMIX E INJ 5%/D15W	3	B/D
			CLINIMIX E INJ 5%/D20W	3	B/D
			CLINIMIX E INJ 8/10	3	B/D
			CLINIMIX E INJ 8/14	3	B/D
			CLINIMIX INJ 4.25/D5W	3	B/D
			CLINIMIX INJ 4.25/D10	3	B/D
			CLINIMIX INJ 5%/D15W	3	B/D
			CLINIMIX INJ 5%/D20W	3	B/D
			CLINIMIX INJ 6/5	3	B/D
			CLINIMIX INJ 8/10	3	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	3	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-</i>	1	
<i>neomycin-hc ophth oint 1%</i>		
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-</i>	1	
<i>dexamethasone ophth oint</i>		
<i>0.1% (generic of MAXITROL)</i>		
<i>neomycin-polymyxin-</i>	1	
<i>dexamethasone ophth susp</i>		
<i>0.1% (generic of MAXITROL)</i>		
<i>neomycin-polymyxin-hc ophth</i>	1	
<i>susp</i>		
<i>sulfacetamide sodium-</i>	1	
<i>prednisolone ophth soln 10-</i>		
<i>0.23(0.25)%</i>		
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone</i>	1	
<i>ophth susp 0.3-0.1%</i>		
ZYLET SUS 0.5-0.3%	2	
<b>ANTI-INFECTIVES</b>		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT</i>	1	
<i>500unit/gm</i>		
<i>bacitracin-polymyxin b ophth</i>	1	
<i>oint</i>		
BESIVANCE SUSP .6%	2	

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

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%	1		prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1	
bromfenac sodium (ophth) SOLN .09%	1		PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%	1		PROLENSA SOLN .07%	3	
BROMSITE SOLN .075%	3		TRIESENCE SUSP 40mg/ml	3	B/D
dexamethasone sodium phosphate (ophth) SOLN .1%	1		XIPERE SUSP 40mg/ml	3	NM PA
DEXYCU SUSP 9%	3		YUTIQ IMPL .18mg	3	NDS NM
diclofenac sodium (ophth) SOLN .1%	1		<b>ANTIALLERGICS</b>		
difluprednate (generic of DUREZOL) EMUL .05%	1		azelastine hcl (ophth) SOLN .05%	1	
DUREZOL EMUL .05%	3		bepotastine besilate (generic of BEPREVE) SOLN 1.5%	1	
FLAREX SUSP .1%	3		BEPREVE SOLN 1.5%	3	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	1		cromolyn sodium (ophth) SOLN 4%	1	
flurbiprofen sodium SOLN .03%	1		epinastine hcl (ophth) SOLN .05%	1	
FML FORTE SUSP .25%	3		ZERVIATE SOLN .24%	3	
FML LIQUIFILM SUSP .1%	3		<b>ANTIGLAUCOMA</b>		
ILEVRO SUSP .3%	3		ALPHAGAN P SOLN .1%, .15%	3	
INVELTYS SUSP 1%	3		AZOPT SUSP 1%	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1		betaxolol hcl (ophth) SOLN .5%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1		BETIMOL SOLN .5%	3	
LOTEMAX GEL .5%; SUSP .5%	3		bimatoprost SOLN .03%	1	
LOTEMAX OINT .5%	2		brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	1	
LOTEMAX SM GEL .38%	2		brimonidine tartrate SOLN .2%	1	
loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%	1		brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
loteprednol etabonate (generic of ALREX) SUSP .2%	1		brinzolamide (generic of AZOPT) SUSP 1%	1	
MAXIDEX SUSP .1%	3		carteolol hcl (ophth) SOLN 1%	1	
NEVANAC SUSP .1%	3		COMBIGAN SOL 0.2/0.5%	2	
PRED FORTE SUSP 1%	3		COSOPT PF SOL 2%-0.5%	3	
PRED MILD SUSP .12%	3		COSOPT SOL 2-0.5%OP	3	
			dorzolamide hcl SOLN 2%	1	
			dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	

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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)	1		CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
ISTALOL SOLN .5%	3		CYSTADROPS SOLN .37%	3	NDS NM PA
IYUZEH SOLN .005%	3		CYSTARAN SOLN .44%	3	NDS NM PA
latanoprost (generic of XALATAN) SOLN .005%	1		EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM PA
levobunolol hcl SOLN .5%	1		EYLEA HD SOLN 8mg/0.07ml	3	NDS NM PA
LUMIGAN SOLN .01%	2		EYSUVIS SUSP .25%	3	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS NM	IZERVAY SOLN 2mg/0.1ml	3	NDS NM PA
pilocarpine hcl SOLN 1%, 2%, 4%	1		LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
RHOPRESSA SOLN .02%	2		MIEBO SOLN 1.338gm/ml	2	
ROCKLATAN DRO	2		OXERVATE SOLN .002%	3	NDS NM PA
SIMBRINZA SUS 1-0.2%	3		PAVBLU SOSY 2mg/0.05ml	3	NDS NM PA
tafluprost (generic of ZIOPTAN) SOLN .015mg/ml	1		proparacaine hcl (generic of ALCAINE) SOLN .5%	1	
timolol hemihydrate (ophth) (generic of BETIMOL) SOLN .5%	1		RESTASIS EMUL .05%	2	
timolol maleate (ophth) SOLG 1 .25%, .5%; SOLN .25%, .5%	1		RESTASIS MULTIDOSE EMUL .05%	2	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1		SUSVIMO SOLN 10mg/0.1ml	3	NDS B/D NM
timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1		SYFOVRE SOLN 15mg/0.1ml	3	NDS NM PA
TIMOPTIC OCUDOSE SOLN 3 .25%, .5%	3		TYRVAYA SOLN .03mg/act	3	
TRAVATAN Z SOLN .004%	3		VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM PA
travoprost (generic of TRAVATAN Z) SOLN .004%	1		VERKAZIA EMUL .1%	3	NDS
VYZULTA SOLN .024%	3		VEVYE SOLN .1%	3	NDS
XALATAN SOLN .005%	3		XIIDRA SOLN 5%	2	
XELPROS EMUL .005%	3		<b>OTIC</b>		
ZIOPTAN SOLN .015mg/ml	3		<b>OTIC AGENTS</b>		
<b>MISCELLANEOUS</b>			acetic acid (otic) SOLN 2%	1	
ATROPINE SULFATE SOLN 2 1%			CIPRO HC SUS OTIC	3	
atropine sulfate (ophthalmic) SOLN 1%	1		ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM PA	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM PA	CORTISPORIN SUS -TC	3	
CEQUA SOLN .09%	3		OTIC		
			DERMOTIC OIL .01%	3	
			flac (generic of DERMOTIC) OIL .01%	1	
			fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
hydrocortisone w/ acetic acid otic soln 1-2%	1		TUDORZA PRESSAIR (INSTITUTIONAL PACK)	3	
neomycin-polymyxin-hc otic soln 1%	1		AEPB 400mcg/act		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%	1		YUPELRI SOLN 175mcg/3ml	3	NDS B/D
ofloxacin (otic) SOLN .3%	1				
<b>RESPIRATORY</b>					
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>					
ANORO ELLIPT AER 62.5-25	2		azelastine hcl-fluticasone prop	1	
BEVESPI AER 9-4.8MCG	2		nasal spray 137-50 mcg/act		
BREZTRI AERO AER SPHERE	2		(generic of DYMISTA)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2		CLARINEX-D TAB 2.5-120	3	
COMBIVENT AER 20-100	3		DYMISTA SPR 137-50	3	
DUAKLIR AER 400/12	3		promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D	RYALTRIS SPR 665-25	3	
STIOLTO AER 2.5-2.5	3				
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2		<b>ANTIHISTAMINES</b>		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2		azelastine hcl SOLN .1%	1	
<b>ANTICHOLINERGICS</b>			carbinoxamine maleate	3	
ATROVENT HFA AERS 17mcg/act	3		SOLN 4mg/5ml; TABS 6mg		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2		carbinoxamine maleate TABS 2 4mg		
ipratropium bromide SOLN .02%	1	B/D	cetirizine hcl SOLN 5mg/5ml	1	
ipratropium bromide (nasal) SOLN .03%, .06%	1		CLARINEX TABS 5mg	3	
SPIRIVA HANDIHALER CAPS 18mcg	3		clemastine fumarate SYRP	3	NDS .67mg/5ml
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3		clemastine fumarate TABS 2 2.68mg		
tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1		ciproheptadine hcl SYRP	2	
TUDORZA PRESSAIR AEPB 3 400mcg/act			2mg/5ml; TABS 4mg		
			desloratadine (generic of CLARINEX) TABS 5mg	1	
			desloratadine TBDP 2.5mg, 5mg	1	
			diphenhydramine hcl SOLN 50mg/ml	1	
			hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	3	
			hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
			hydroxyzine pamoate CAPS 25mg, 50mg, 100mg	2	
			levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
			olopatadine hcl (nasal) SOLN .6%	1	
			QUZYTTIR SOLN 10mg/ml	3	NDS
			ryclora SOLN 2mg/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
ryvent TABS 6mg	3	
<b>BETA AGONISTS</b>		
albuterol sulfate AERS	1	
108mcg/act (generic of Proair HFA)		
albuterol sulfate AERS	1	
108mcg/act (generic of Proventil HFA)		
albuterol sulfate AERS	1	
108mcg/act (generic of Ventolin HFA)		
albuterol sulfate NEBU	1	B/D
.083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml		
albuterol sulfate SYRP	1	
2mg/5ml; TABS 2mg, 4mg		
arformoterol tartrate (generic of BROVANA) NEBU	1	B/D
15mcg/2ml		
BROVANA NEBU 15mcg/2ml	3	NDS B/D
formoterol fumarate (generic of PERFOROMIST) NEBU	1	B/D
20mcg/2ml		
levalbuterol hcl NEBU	1	B/D
.31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml		
levalbuterol tartrate AERO	1	
45mcg/act		
PERFOROMIST NEBU	3	NDS B/D
20mcg/2ml		
PROAIR RESPICLICK AEPB	3	
108mcg/act		
SEREVENT DISKUS AEPB	2	
50mcg/dose		
STRIVERDI RESPIMAT	3	
AERS 2.5mcg/act		
terbutaline sulfate SOLN	1	
1mg/ml; TABS 2.5mg, 5mg		
VENTOLIN HFA AERS	2	
108mcg/act		
VENTOLIN HFA	2	
(INSTITUTIONAL PACK)		
AERS 108mcg/act		
XOPENEX HFA AERO	3	
45mcg/act		
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE TABS 10mg,	3	
20mg		

Drug Name	Drug Requirements/ Tier	Limits
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	1	
zileuton TB12 600mg	3	NDS
ZYFLO TABS 600mg	3	NDS
<b>MISCELLANEOUS</b>		
acetylcysteine SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	3	NDS NM PA
ALYFTREK TAB 10-50-125	3	NDS NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA
CINQAIR SOLN 100mg/10ml	3	NDS NM PA
cromolyn sodium NEBU	1	B/D
20mg/2ml		
DALIRESP TABS 250mcg, 500mcg	3	
elixophyllin ELIX 80mg/15ml	3	NDS
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml	1	
(generic of EpiPen)		
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml	1	
(generic of EpiPen)		
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	
(generic of Adrenaclick)		
EPIPEN 2-PAK SOAJ	3	
.3mg/0.3ml		
EPIPEN-JR 2-PAK SOAJ	3	
.15mg/0.3ml		
ESBRIET TABS 267mg, 801mg	3	NDS NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml	3	NDS NM PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	3	NDS NM PA
OFEV CAPS 100mg, 150mg	3	NDS NM PA
OHTUVAYRE SUSP 3mg/2.5ml	3	NDS B/D NM
ORKAMBI GRA 75-94MG	3	NDS NM PA
ORKAMBI GRA 100-125	3	NDS NM PA
ORKAMBI GRA 150-188	3	NDS NM PA
ORKAMBI TAB 100-125	3	NDS NM PA
ORKAMBI TAB 200-125	3	NDS NM PA
pirfenidone (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg	3	NDS NM PA
pirfenidone TABS 534mg	3	NDS NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA
roflumilast (generic of DALIRESP) TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG	3	NDS NM PA
SYMDEKO TAB 100-150	3	NDS NM PA
TEZSPIRE SOAJ 210mg/1.91ml; SOSY 210mg/1.91ml	3	NDS NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NDS NM PA
TRIKAFTA PAK 75MG	3	NDS NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	3	NDS NM PA
<b>NASAL STEROIDS</b>		
flunisolide (nasal) SOLN .025%	1	
fluticasone propionate (nasal) SUSP 50mcg/act	1	
mometasone furoate (nasal) SUSP 50mcg/act	1	
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act, 160mcg/act	3	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	3	
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act, 100mcg/act, 250mcg/act	2	
fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act	2	
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	3	

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Drug Name	Drug Requirements/ Tier	Limits
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	3	
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50	3	
ADVAIR DISKU AER 250/50	3	
ADVAIR DISKU AER 500/50	3	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
AIRSUPRA AER 90-80MCG	2	
BREO ELLIPTA INH 50- 25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
breyna (generic of SYMBICORT)	1	
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)	1	
budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act (generic of SYMBICORT)	1	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
SYMBICORT AER 80-4.5	3	
SYMBICORT AER 160-4.5	3	
wixela inhba (generic of ADVAIR DISKUS)	1	

Drug Name	Drug Requirements/ Tier	Limits
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<b>ACNE</b>		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
ACANYA GEL 1.2-2.5%	3	
accutane CAPS 10mg, 20mg, 1 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	
adapalene (generic of DIFFERIN) CREA .1%; GEL .3%	1	
adapalene PADS .1%	3	NDS
ADAPALENE SOLN .1%	3	
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
ATRALIN GEL .05%	3	
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN)	1	
CABTREO GEL	3	NDS
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T LOTN 1%	3	
clindacin FOAM 1%	1	
clindacin etz pledges SWAB 1%	1	
clindacin-p SWAB 1%	1	
CLINDAGEL GEL 1%	3	NDS
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
clindamycin phosphate (topical) FOAM 1%; SOLN 1%; SWAB 1%	1		sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%	1	
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%	1		TAZAROTENE FOAM .1%	3	
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%	1		tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
clindamycin phosphate- benzoyl peroxide gel 1-5%	1		tretinoin (generic of ATRALIN) GEL .05%	1	
clindamycin phosphate- benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)	1		tretinoin microsphere GEL .04%, .1%	1	
clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75% (generic of ONEXTON)	1		tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08%	1	
clindamycin phosphate- tretinoin gel 1.2-0.025%	1		twice-daily clindamycin phosphate (topical) GEL 1%	1	
dapsone (topical) (generic of ACZONE) GEL 5%, 7.5%	1		TWYNEO CREA 0.1-3%	3	
DIFFERIN CREA .1%	3		WINLEVI CREA 1%	3	
DIFFERIN PUMP GEL .3%	3		zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	
EPIDUO FORTE GEL 0.3- 2.5%	3		ZIANA GEL	3	
EPIDUO GEL 0.1-2.5%	3		<b>DERMATOLOGY, ANTIBIOTICS</b>		
ery PADS 2%	1		gentamicin sulfate (topical) CREA .1%; OINT .1%	1	
erythromycin (acne aid) (generic of ERYGEL) GEL 2%	1		mupirocin OINT 2%	1	
erythromycin (acne aid) SOLN 2%	1		mupirocin calcium (topical) CREA 2%	1	
FABIOR FOAM .1%	3		SILVADENE CREA 1%	3	
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1		silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg	1		ssd (generic of SILVADENE) CREA 1%	1	
KLARON LOTN 10%	3		SULFAMYLYON CREA 85mg/gm	3	
neuac gel 1.2-5%	1		<b>DERMATOLOGY, ANTIFUNGALS</b>		
ONEXTON GEL 1.2-3.75	3		ciclopirox GEL .77%; SHAM 1%	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3		ciclopirox olamine CREA .77%; SUSP .77%	1	
RETIN-A MICRO GEL .04%, .06%, .1%	3		clotrimazole (topical) CREA 1%; SOLN 1%	1	
RETIN-A MICRO PUMP GEL .08%	3		clotrimazole w/ betamethasone cream 1- 0.05%	1	
			econazole nitrate CREA 1%	1	
			ERTACZO CREA 2%	3	NDS
			JUBLIA SOLN 10%	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
ketoconazole (topical) CREA 1% 2%; FOAM 2%; SHAM 2%		
ketodan FOAM 2%	1	
klayesta POWD 100000unit/gm	1	
luliconazole CREA 1%	1	
LUZU CREA 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%	1	
naftifine hcl CREA 1%, 2%	1	
naftifine hcl (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 2%	3	
nyamyc POWD 100000unit/gm	1	
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
nystop POWD 100000unit/gm	1	
oxiconazole nitrate CREA 1%	1	PA
OXISTAT LOTN 1%	3	PA
selenium sulfide LOTN 2.5%	1	
VUSION OIN	3	
ZORYVE FOAM .3%	3	

**DERMATOLOGY, ANTIPSORIATICS**

acitretin CAPS 10mg, 17.5mg, 25mg	1	
calcipotriene CREA .005%; OINT .005%; SOLN .005%	1	PA
CALCIPOTRIENE FOAM .005%	3	NDS PA
calcipotriene-betamethasone dipropionate oint 0.005- 0.064%	1	PA
calcipotriene-betamethasone dipropionate susp 0.005- 0.064% (generic of TACLONEX)	1	PA
calcitrene OINT .005%	1	PA
calcitriol (topical) OINT 3mcg/gm	1	PA
ENSTILAR AER	3	NDS PA
methoxsalen rapid CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
TACLONEX SUS	3	NDS PA
tazarotene (generic of TAZORAC) CREA .05%, .1%; GEL .05%, .1%	1	
TAZORAC CREA .05%, .1%; GEL .05%, .1%	3	
VECTICAL OINT 3mcg/gm	3	NDS PA
VTAMA CREA 1%	3	NDS
ZORYVE CREA .3%	3	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort CREA 1%	1	
ala-scalp LOTN 2%	3	NDS
alclometasone dipropionate CREA .05%; OINT .05%	1	
amcinonide CREA .1%; OINT .1%	3	NDS
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1	
BRYHALI LOTN .01%	3	
clobetasol propionate CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1	
clobetasol propionate (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
clobetasol propionate e CREA .05%	1	
clobetasol propionate emulsion FOAM .05%	1	
CLOBEX LIQD .05%; LOTN .05%; SHAM .05%	3	
clocortolone pivalate (generic of CLODERM) CREA .1%	1	
clodan (generic of CLOBEX) SHAM .05%	1	
CORDRAN TAPE 4mcg/sqcm	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DERMA-SMOOTH/FS BODY OIL .01%	3		<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
DERMA-SMOOTH/FS SCALP OIL .01%	3		<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05%	1	
<i>desonide</i> (generic of DESOWEN) CREA .05%	1		HALOG CREA .1%	3	
<i>desonide</i> GEL .05%; LOTN .05%; OINT .05%	1		<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%; SOLN 2.5%	1	
DESOWEN CREA .05%	3		<i>hydrocortisone (topical)</i> LOTN 2%	3	NDS
<i>desoximetasone</i> CREA .05%, 1 .25%; GEL .05%	1		<i>hydrocortisone butyrate</i> CREA .1%; LOTN .1%; OINT .1%; SOLN .1%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%; OINT .05%, .25%	1		<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	1		LEXETTE FOAM .05%	3	
DIPROLENE OINT .05%	3		LOCOID LOTN .1%	3	
DUOBRII LOT	3	NDS	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
EPIFOAM AER 1%	3		SYNALAR CREA .025%; OINT .025%	3	
<i>fluocinolone acetonide</i> CREA .01%; SOLN .01%	1		<i>texacort</i> SOLN 2.5%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1		TOPICORT LIQD .25%; OINT .05%	3	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1		<i>tovet</i> FOAM .05%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1		<i>triamcinolone acetonide</i> (topical) AERS .147mg/gm; CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .05%, .1%, .5%	1	
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1		<i>triderm</i> CREA .5%	1	
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1		VANOS CREA .1%	3	NDS
<i>fluocinonide emulsified base</i> CREA .05%	1		<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>flurandrenolide</i> CREA .05%; LOTN .05%	1		DYCLOPRO SOLN .5%	3	
<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1		<i>glydo</i> PRSY 2%	1	PA
<i>halcinonide</i> (generic of HALOG) CREA .1%	1		<i>lidocaine</i> OINT 5%	1	PA
<i>halcinonide</i> SOLN .1%	1		<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
			<i>lidocaine hcl</i> SOLN 4%	1	PA
			<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D
			<i>lidocan</i> (generic of LIDODERM) PTCH 5%	1	PA
			QUTENZA KIT 8% 1-PCH	3	NDS B/D NM
			QUTENZA KIT 8% 2-PCH	3	NDS B/D NM
			QUTENZA KIT 8% 4-PCH	3	NDS B/D 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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
tridacaine ii (generic of LIDODERM) PTCH 5%	1	PA	imiquimod pump (generic of ZYCLARA) CREA 3.75%	1	
ZTLIDO PTCH 1.8%	3	PA	ivermectin (rosacea) (generic of SOOLANTRA) CREA 1%	1	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>					
acyclovir topical (generic of ZOVIRAX) CREA 5%; OINT 5%	1		KLISYRI OINT 1%	3	NDS
ANUSOL-HC CREA 2.5%	3		lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
azelaic acid (generic of FINACEA) GEL 15%	1		METROCREAM CREA .75%	3	
bexarotene (topical) (generic of TARGRETIN) GEL 1%	3	NDS NM PA	METROLOTION LOTN .75%	3	
brimonidine tartrate (topical) (generic of MIRVASO) GEL .33%	1		metronidazole (topical) (generic of METROCREAM) CREA .75%	1	
CONDYLOX GEL .5%	3		metronidazole (topical) (generic of METROGEL) GEL 1%	1	
CORTIFOAM FOAM 10%	3		metronidazole (topical) GEL .75%	1	
DENAVIR CREA 1%	3		metronidazole (topical) (generic of METROLOTION) LOTN .75%	1	
diclofenac sodium (actinic keratoses) GEL 3%	1	PA	MIRVASO GEL .33%	3	
diclofenac sodium (topical) SOLN 1.5%	1		nitroglycerin (intra-anal) (generic of RECTIV) OINT .4%	1	
diclofenac sodium (topical) (generic of PENNSAID) SOLN 2%	1	PA	NORITATE CREA 1%	3	NDS
doxepin hcl (antipruritic) (generic of PRUDOXIN) CREA 5%	1	PA	OPZELURA CREA 1.5%	3	NDS PA
doxycycline (rosacea) (generic of ORACEA) CPDR 40mg	1		ORACEA CPDR 40mg	3	
ELIDEL CREA 1%	3		PANRETIN GEL .1%	3	NDS PA
EPSOLAY CREA 5%	3		penciclovir (generic of DENAVIR) CREA 1%	1	
EUCRISA OINT 2%	3		pimecrolimus (generic of ELIDEL) CREA 1%	1	
FINACEA FOAM 15%	3		podofilox (generic of CONDYLOX) GEL .5%	1	
fluorouracil (topical) CREA 5%; SOLN 2%, 5%	1		podofilox SOLN .5%	1	
hydrocortisone (rectal) CREA 1%	1		procto-med hc (generic of ANUSOL-HC) CREA 2.5%	1	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	1		proctocort CREA 1%	1	
HYFTOR GEL .2%	3	NDS NM	PROCTOFOAM AER HC 1%	3	
imiquimod (generic of ZYCLARA) CREA 3.75%	1		proctosol hc (generic of ANUSOL-HC) CREA 2.5%	1	
imiquimod CREA 5%	1		protozone-hc (generic of ANUSOL-HC) CREA 2.5%	1	
			PRUDOXIN CREA 5%	3	PA
			RECTIV OINT .4%	3	
			RHOFADE CREA 1%	3	
			SOOLANTRA CREA 1%	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>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NDS NM PA
VALCHLOR GEL .016%	3	NDS NM PA
XERESE CRE 5-1%	3	NDS
YCANTH SOLN .7%	3	NM
ZELSUVMI GEL 10.3%	3	NDS
ZILXI FOAM 1.5%	3	
ZONALON CREA 5%	3	PA
ZORYVE CREA .15%	3	
ZOVIRAX CREA 5%; OINT 5%	3	
ZYCLARA CREA 3.75%	3	NDS
ZYCLARA PUMP CREA 2.5%, 3.75%	3	NDS

**DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>crotan</i> LOTN 10%	3	NDS
ELIMITE CREA 5%	3	
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> (generic of ELIMITE) CREA 5%	1	
<i>pruradik</i> LOTN 10%	3	NDS
<i>spinosad</i> SUSP .9%	1	

**DERMATOLOGY, WOUND CARE AGENTS**

FILSUVEZ GEL 10%	3	NDS NM PA
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

**MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/19/2025. For more recent information or other questions, please contact Customer Care at 1-844-819-3075, 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.

08/19/2025