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

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 10/09/2023. 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: 24194

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2024. 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, 2025, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: 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 benefit.

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits 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 brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2024. 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 midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

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.

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 physician 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 in 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 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 Formulary?

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

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

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

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

- Cost-Sharing Tier 1: Generic**
- Cost-Sharing Tier 2: Preferred Brand**
- Cost-Sharing Tier 3: Non-Preferred Brand**

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

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

	Network Retail Pharmacy (Up to a 34-day supply available at <u>any</u> network pharmacy)	Mail-Order Pharmacy (Up to a 34-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$20.00	\$10.00
Tier 2: Preferred Brand	\$30.00	\$60.00	\$30.00
Tier 3: Non-Preferred Brand	\$50.00	\$100.00	\$50.00

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 2024 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-844-819-3075, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
ALLOPURINOL TABS 200mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS
ALOPRIM SOLR 500mg	3	NDS
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1	
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1	
COLCRYS TABS .6mg	3	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA
MITIGARE CAPS .6mg	2	
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	
ZYLOPRIM TABS 100mg, 300mg	3	
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl (analgesia)</i> (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3	
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg	3	NDS
<i>diclofenac potassium</i> TABS 25mg	3	NDS
<i>diclofenac potassium</i> TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
DUEXIS TAB 800-26.6	3	NDS
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
FELDENE CAPS 10mg, 20mg	3	
<i>fenopofen calcium</i> (generic of NALFON) CAPS 400mg	1	
<i>fenopofen calcium</i> TABS 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen-famotidine tab 800- 26.6 mg</i> (generic of DUEXIS)	1	
<i>ketoprofen</i> CAPS 25mg, 50mg	3	NDS
<i>ketoprofen</i> CP24 200mg	1	
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	3	NDS NM LA
<i>ketorolac tromethamine</i> TABS 10mg	1	
<i>lofena</i> TABS 25mg	3	NDS
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>mefenamic acid</i> CAPS 250mg	1	
<i>meloxicam</i> CAPS 5mg, 10mg; TABS 7.5mg, 15mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nabumetone</i> TABS 500mg, 750mg	1		BELBUCA FILM 750mcg, 900mcg	3	NDS QL PA
NALFON CAPS 400mg; TABS 600mg	3		QL (60 buccal films / 30 days)		
NAPRELAN TB24 375mg, 500mg, 750mg	3	NDS	<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL PA
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml; TABS 500mg	1		QL (4 patches / 28 days)		
<i>naproxen</i> TABS 250mg, 375mg	1		BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr	3	QL PA
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1		QL (4 patches / 28 days)		
<i>naproxen sodium</i> TABS 275mg	1		BUTRANS PTWK 20mcg/hr	3	NDS QL PA
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1		QL (4 patches / 28 days)		
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg, 500mg, 750mg	1		CONZIP CP24 100mg, 200mg, 300mg	3	QL PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	3	NDS	QL (30 caps / 30 days)		
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	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	1	QL PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1		QL (10 patches / 30 days)		
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1		<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL PA
RELAFEN DS TABS 1000mg	3	NDS	QL (60 caps / 30 days)		
SPRIX SOLN 15.75mg/spray	3	NDS NM LA	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	1	QL PA
<i>sulindac</i> TABS 150mg, 200mg	1		QL (30 tabs / 30 days)		
<i>tolmetin sodium</i> TABS 600mg	1		<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	2	QL PA
VIMOVO TAB 375-20MG	3	NDS	QL (30 tabs / 30 days)		
VIMOVO TAB 500-20MG	3	NDS	<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	1	QL PA
ZIPSOR CAPS 25mg	3	NDS	QL (30 tabs / 30 days)		
ZORVOLEX CAPS 18mg, 35mg	3		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL PA
OPIOID ANALGESICS, LONG-ACTING			QL (30 tabs / 30 days)		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA	<i>levorphanol tartrate</i> TABS 2mg, 3mg	3	NDS QL PA
QL (60 buccal films / 30 days)			QL (120 tabs / 30 days)		
			<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL PA
			QL (450 mL / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	3	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-</i> <i>16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> <i>10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE	3	B/D
HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml		
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	3	NDS QL PA
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	3	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	3	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	3	NDS QL PA
OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)	3	NDS QL PA
OXYCOD/APAP TAB 10- 300MG QL (180 tabs / 30 days)	3	NDS QL PA
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
PROLATE SOL 10/300MG QL (900 mL / 30 days)	3	NDS QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	3	NDS QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	3	NDS QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	3	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
ROXYBOND TABA 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL PA
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg	3	
<i>albendazole</i> TABS 200mg	3	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NDS NM LA PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	3	NDS NM LA PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
CUBICIN RF SOLR 500mg	3	NDS
DALVANCE SOLR 500mg	3	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
DAPTOMYCIN SOLR 350mg, 500mg	3	NDS
<i>daptomycin</i> SOLR 500mg	3	NDS
DARAPRIM TABS 25mg	3	NDS
EMVERM CHEW 100mg	3	NDS
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
FLAGYL CAPS 375mg	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	3	NDS
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	3	NDS
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	3	NDS
KITABIS PAK NEBU 300mg/5ml	3	NDS NM LA PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS
LINEZOLID INJ 2MG/ML	1	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml	3	NDS
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg	3	NDS
<i>nitrofurantoin</i> SUSP 25mg/5ml	3	NDS
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
<i>paromomycin sulfate</i> CAPS 250mg	1	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABs 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	3	NDS NM LA PA
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	3	NDS
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 125mg, 250mg	3	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg, 250mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM
XIFAXAN TABS 200mg	3	
ZEMDRI SOLN 500mg/10ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ZYVOX SOLN 200mg/100ml; SUSR 100mg/5ml; TABS 600mg	3	NDS
ZYVOX SOLN 600mg/300ml	3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D
ANCOBON CAPS 250mg, 500mg	3	NDS
CANCIDAS SOLR 50mg, 70mg	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole</i> TABS 50mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ketokonazole</i> TABS 200mg	1	
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
MYCAMINE SOLR 50mg, 100mg	3	NDS
NOXAFIL PACK 300mg; SUSP 40mg/ml; TBEC 100mg	3	NDS PA
NOXAFIL SOLN 300mg/16.7ml	3	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml; TBEC 100mg	3	NDS PA
REZZAYO SOLR 200mg	3	NDS
SPORANOX CAPS 100mg	3	
SPORANOX SOLN 10mg/ml	3	NDS
<i>terbinafine hcl</i> TABS 250mg	1	
TOLSURA CAPS 65mg	3	NDS
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg, 200mg	3	PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg, 800mg	3	NDS NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM LA
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

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>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; 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
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA TBPK 300mg	3	NDS NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMBIVIR TAB 150-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EPZICOM TAB 600-300	3	NDS NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM

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

Drug Name	Drug Requirements/ Tier	Limits
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI LO TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRIZIVIR TAB	3	NDS NM
TRUVADA TAB 100-150	3	NDS NM
TRUVADA TAB 133-200	3	NDS NM
TRUVADA TAB 167-250	3	NDS NM
TRUVADA TAB 200-300	3	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	3	NDS
<i>ethambutol hcl TABS 100mg</i>	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	3	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	3	NDS
<i>rifampin CAPS 150mg, 300mg</i>	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA
TRECTOR TABS 250mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
<i>cidofovir SOLN 75mg/ml</i>	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium SOLR 500mg</i>	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
<i>lamivudine (hbv) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg	3	NDS NM LA PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg	3	NDS
TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	3	NDS NM
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 40mg, 80mg	3	
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1	
<i>cefixime</i> SUSR 100mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	3	NDS
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
E.E.S. GRANULES SUSR 200mg/5ml	3	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYPED 200 SUSR 200mg/5ml	3	
ERYPED 400 SUSR 400mg/5ml	3	NDS
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	

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

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
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
DORYX TBEC 50mg	3	
DORYX MPC TBEC 60mg	3	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg; TBEC 75mg, 100mg, 150mg, 200mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg	1	
<i>doxycycline hyclate</i> TBEC 80mg	3	NDS
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 90mg, 135mg	1	
<i>minocycline hcl</i> (generic of SOLODYN) TB24 55mg, 65mg, 80mg, 105mg, 115mg	1	
MINOLIRA TB24 105mg, 135mg	3	
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
SEYSARA TABS 60mg, 100mg, 150mg	3	NDS
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	3	
<i>targadox</i> TABS 50mg	1	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS
TYGACIL SOLR 50mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	3	
XERAVA SOLR 50mg, 100mg	3	
XIMINO CP24 45mg, 90mg, 135mg	3	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
VALSTAR SOLN 40mg/ml	3	NDS B/D NM LA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LONSURF TAB 15-6.14	3	NDS NM LA PA
LONSURF TAB 20-8.19	3	NDS NM LA PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
PURIXAN SUSP 2000mg/100ml	3	NDS NM LA
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	3	NDS B/D NM LA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	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
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
EMCYT CAPS 140mg	3	NDS
ERLEADA TABS 60mg, 240mg	3	NDS NM LA PA
EULEXIN CAPS 125mg	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOSY 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	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.

Drug Name	Drug Requirements/ Tier	Limits
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LYSODREN TABS 500mg	3	NDS NM LA
<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 LA PA
ORGOVYX TABS 120mg	3	NDS NM LA PA
ORSERDU TABS 86mg, 345mg	3	NDS NM LA 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	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA PA
YONSA TABS 125mg	3	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZYTIGA TABS 250mg, 500mg	3	NDS NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM LA PA
BESREMI SOSY 500mcg/ml	3	NDS NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA
KISQALI 600 PAK FEMARA	3	NDS NM PA
MATULANE CAPS 50mg	3	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPASOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA PA
SYNRIBO SOLR 3.5mg	3	NDS NM PA
TARGRETIN CAPS 75mg	3	NDS NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
WELIREG TABS 40mg	3	NDS NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	NDS B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NDS NM PA
ALECENSA CAPS 150mg	3	NDS NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
ALUNBRIG PAK	3	NDS NM LA PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
BELEODAQ SOLR 500mg	3	NDS NM LA PA
BESPONSA SOLR .9mg	3	NDS NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	3	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM LA PA
BRUKINSA CAPS 80mg	3	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM LA PA
CALQUENCE CAPS 100mg; TABS 100mg	3	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA
COTELLIC TABS 20mg	3	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA
DARZALEX SOL FASPRO	3	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA
ENHERTU SOLR 100mg	3	NDS NM LA PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM PA
EXKIVITY CAPS 40mg	3	NDS NM LA PA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM LA PA
FYARRO SUSR 100mg	3	NDS NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NDS NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA
GLEEVEC TABS 100mg, 400mg	3	NDS NM PA
HERCEP HYLEC SOL 60-10000	3	NDS NM LA PA
HERCEPTIN SOLR 150mg	3	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM LA PA
IDHIFA TABS 50mg, 100mg	3	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM LA PA
INLYTA TABS 1mg, 5mg	3	NDS NM LA PA
INREBIC CAPS 100mg	3	NDS NM LA PA
IRESSA TABS 250mg	3	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA
JAYPIRCA TABS 50mg, 100mg	3	NDS NM LA PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA
KANJINTI SOLR 150mg, 420mg	3	NDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA	MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg	3	NDS NM PA	MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM LA PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA	MEKTOVI TABS 15mg	3	NDS NM LA PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA	MONJUVI SOLR 200mg	3	NDS NM LA PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA	MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
KRAZATI TABS 200mg	3	NDS NM LA PA	MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA	NERLYNX TABS 40mg	3	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA	NEXAVAR TABS 200mg	3	NDS NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	ODOMZO CAPS 200mg	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA	OGIVRI SOLR 150mg	3	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	OGIVRI INJ 420MG	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA	ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
LENVIMA CAP 14 MG	3	NDS NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
LENVIMA CAP 18 MG	3	NDS NM LA PA	OPDUALAG SOL	3	NDS NM LA PA
LENVIMA CAP 24 MG	3	NDS NM LA PA	PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA	PERJETA SOLN 420mg/14ml	3	NDS NM LA PA
LUMAKRAS TABS 120mg, 320mg	3	NDS NM LA PA	PHESGO SOL	3	NDS NM LA PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
LYNPARZA TABS 100mg, 150mg	3	NDS NM LA PA	PIQRAY 250MG TAB DOSE	3	NDS NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA	PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA	POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA	PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA
QINLOCK TABS 50mg	3	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA
REZLIDHIA CAPS 150mg	3	NDS NM LA PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
RITUXAN INJ HYCELA	3	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA
RYDAPT CAPS 25mg	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA
SCSEMBLIX TABS 20mg, 40mg	3	NDS NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
STIVARGA TABS 40mg	3	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM LA PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM LA PA
TAGRISSE TABS 40mg, 80mg	3	NDS NM LA PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
TAZVERIK TABS 200mg	3	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM LA PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
TEPMETKO TABS 225mg	3	NDS NM LA PA
TIBSOVO TABS 250mg	3	NDS NM LA PA
TIVDAK SOLR 40mg	3	NDS NM LA PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
TURALIO CAPS 125mg	3	NDS NM LA PA
TYKERB TABS 250mg	3	NDS NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM LA
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
VELCADE SOLR 3.5mg	3	NDS NM PA
VENCLEXTA TABS 10mg	3	NM LA PA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM LA PA
VENCLEXTA TAB START PK	3	NDS NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA PA
VONJO CAPS 100mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VOTRIENT TABS 200mg	3	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	3	NDS NM LA PA
XOSPATA TABS 40mg	3	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	3	NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	3	NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	3	NDS NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA
ZEJULA CAPS 100mg; TABS 100mg, 200mg, 300mg	3	NDS NM LA PA
ZELBORAF TABS 240mg	3	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
ZOLINZA CAPS 100mg	3	NDS NM PA
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA PA
ZYKADIA TABS 150mg	3	NDS NM LA PA
ZYNLONTA SOLR 10mg	3	NDS NM LA PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM LA PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg	3	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)	1	
amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)	1	
amlodipine besylate- benazepril hcl cap 5-40 mg	1	
amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)	1	
amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)	1	
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
LOTREL CAP 5-10MG	3
LOTREL CAP 5-20MG	3
LOTREL CAP 10-20MG	3
LOTREL CAP 10-40MG	3
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1
VASERETIC TAB 10-25MG	3
ZESTORETIC TAB 10-12.5	3
ZESTORETIC TAB 20-12.5	3
ZESTORETIC TAB 20-25MG	3

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

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
KERENDIA TABS 10mg, 20mg	2	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	1
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	1
ALPHA BLOCKERS		<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	1
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	1
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	ATACAND HCT TAB 16-12.5	3
MINIPRESS CAPS 1mg, 2mg, 5mg	3	ATACAND HCT TAB 32-12.5	3
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	ATACAND HCT TAB 32-25MG	3
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	AVALIDE TAB 150-12.5	3
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		AVALIDE TAB 300-12.5	3
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)	1	AZOR TAB 5-20MG	3
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)	1	AZOR TAB 5-40MG	3
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)	1	AZOR TAB 10-20MG	3
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)	1	AZOR TAB 10-40MG	3
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	BENICAR HCT TAB 20-12.5	3
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	BENICAR HCT TAB 40-12.5	3
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	BENICAR HCT TAB 40-25MG	3
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)	1
		<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)	1
		DIOVAN HCT TAB 80/12.5	3
		DIOVAN HCT TAB 160-12.5	3
		DIOVAN HCT TAB 160-25MG	3
		DIOVAN HCT TAB 320-12.5	3
		DIOVAN HCT TAB 320-25MG	3

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Drug Name	Drug Requirements/ Tier Limits
EDARBYCLOR TAB 40-12.5	3
EDARBYCLOR TAB 40-25MG	3
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
EXFORGE HCT TAB 10-320-25MG	3
EXFORGE TAB 5-160MG	3
EXFORGE TAB 5-320MG	3
EXFORGE TAB 10-160MG	3
EXFORGE TAB 10-320MG	3
HYZAAR TAB 50-12.5	3
HYZAAR TAB 100-12.5	3
HYZAAR TAB 100-25	3
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1
MICARDIS HCT TAB 40/12.5	3
MICARDIS HCT TAB 80-25MG	3
MICARDIS HCT TAB 80/12.5	3
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	1
<i>telmisartan-amlodipine tab 40-5 mg</i>	1
<i>telmisartan-amlodipine tab 40-10 mg</i>	1
<i>telmisartan-amlodipine tab 80-5 mg</i>	1
<i>telmisartan-amlodipine tab 80-10 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	1
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	1
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	1

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	
VALSARTAN SOLN 4mg/ml	3	NDS
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	3	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	3	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg, 325mg, 425mg	3	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		EZALLOR SPRINKLE CPSP 3	3	
<i>sotalol hcl</i> TABS 240mg	1		5mg, 10mg, 20mg, 40mg		
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	
SOTYLIZE SOLN 5mg/ml	3		<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
ANTILIPEMICS, FIBRATES			LESCOL XL TB24 80mg	3	
ANTARA CAPS 90mg	3		LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1		LIVALO TABS 1mg, 2mg, 4mg	3	
<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 54mg, 160mg	1		<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg, 120mg	1		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1		<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 90mg, 130mg, 134mg, 200mg	1		<i>simvastatin</i> TABS 5mg	1	
FENOGLIDE TABS 40mg	3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
FENOGLIDE TABS 120mg	3	NDS	<i>simvastatin</i> TABS 80mg	1	QL
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1		QL (30 tabs / 30 days)		
LIPOFEN CAPS 50mg, 150mg	3		ZOCOR TABS 10mg, 20mg, 40mg	3	
LOPID TABS 600mg	3		ZYPITAMAG TABS 2mg, 4mg	3	
TRICOR TABS 48mg, 145mg	3		ANTILIPEMICS, MISCELLANEOUS		
TRILIPIX CPDR 45mg, 135mg	3		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			<i>cholestyramine light</i> PACK 4gm	1	
ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS	<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
ATORVALIQ SUSP 20mg/5ml	3		<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1		COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	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
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA
LOVAZA CAP 1GM	3	
NEXLETOL TABS 180mg	3	
NEXLIZET TAB 180/10MG	3	
<i>niacin (antihyperlipidemic)</i> TABS 500mg; TBCR 500mg, 750mg, 1000mg	1	
<i>niacor</i> TABS 500mg	1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (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 PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	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	

Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3	
CORGARD TABS 20mg, 40mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1	
<i>nadolol</i> TABS 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
CONJUPRI TABS 2.5mg, 5mg	3	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>levamlodipine maleate</i>	TABS 1	
2.5mg, 5mg		
<i>matzim la</i> (generic of CARDIZEM LA)	TB24 1	
180mg, 240mg, 300mg, 360mg, 420mg		
<i>nicardipine hcl</i>	CAPS 20mg, 1	
30mg		
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i>	TB24 30mg, 60mg, 1	
90mg		
<i>nifedipine</i> (generic of PROCARDIA XL)	TB24 1	
30mg, 60mg, 90mg		
<i>nimodipine</i>	CAPS 30mg 1	
<i>nisoldipine</i> (generic of SULAR)	TB24 8.5mg, 17mg, 1	
34mg		
<i>nisoldipine</i>	TB24 20mg, 1	
25.5mg, 30mg, 40mg		
NORLIQVA	SOLN 1mg/ml 3	
NORVASC	TABS 2.5mg, 3	
5mg, 10mg		
NYMALIZE	SOLN 6mg/ml 3	NDS
PROCARDIA XL	TB24 30mg, 3	
60mg, 90mg		
SULAR	TB24 8.5mg, 17mg, 3	
34mg		
<i>taztia xt</i> (generic of TIAZAC)	CP24 120mg, 180mg, 240mg, 300mg, 360mg 1	
<i>tiadytl er</i> (generic of TIAZAC)	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg 1	
TIAZAC	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg 3	
<i>verapamil hcl</i>	CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg 1	
<i>verapamil hcl</i> (generic of VERELAN)	CP24 120mg, 180mg, 240mg 1	
VERELAN	CP24 120mg, 180mg, 240mg, 360mg 3	

Drug Name	Drug Requirements/ Tier	Limits
VERELAN PM	CP24 100mg, 200mg, 300mg 3	
DIURETICS		
<i>acetazolamide</i>	CP12 500mg; TABS 125mg, 250mg 1	
ALDACTAZIDE	TAB 25/25 3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i>	TABS 5mg 1	
<i>bumetanide</i>	SOLN .25mg/ml; TABS 1mg, 2mg 1	
<i>bumetanide</i> (generic of BUMEX)	TABS .5mg 1	
<i>chlorthalidone</i>	TABS 25mg, 50mg 1	
<i>dichlorphenamide</i> (generic of KEYEYIS)	TABS 50mg 3	NDS NM PA
DIURIL	SUSP 250mg/5ml 3	
DYRENIUM	CAPS 50mg, 100mg 3	
EDECIN	TABS 25mg 3	NDS
<i>ethacrynic acid</i> (generic of EDECIN)	TABS 25mg 1	
FUROSCIX	CTKT 80mg/10ml 3	NDS
<i>furosemide</i>	SOLN 10mg/ml, 40mg/5ml 1	
<i>furosemide</i> (generic of LASIX)	TABS 20mg, 40mg, 80mg 1	
<i>furosemide inj</i>	SOLN 10mg/ml 1	
<i>hydrochlorothiazide</i>	CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg 1	
<i>indapamide</i>	TABS 1.25mg, 2.5mg 1	
KEYEYIS	TABS 50mg 3	NDS NM LA PA
LASIX	TABS 20mg, 40mg, 80mg 3	
<i>methazolamide</i>	TABS 25mg, 50mg 1	
<i>metolazone</i>	TABS 2.5mg, 5mg, 10mg 1	
SOANZ	TABS 20mg, 40mg, 60mg 3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1		<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
THALITONE TABS 15mg	3		<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1		<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
<i>triamterene (generic of DYRENIUM) CAPS 50mg, 100mg</i>	1		ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1		BIDIL TAB	3	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	1		CADUET TAB 5-10MG	3	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1		CADUET TAB 5-20MG	3	
MISCELLANEOUS			CADUET TAB 5-40MG	3	
ADRENALIN SOLN 1mg/ml	3		CADUET TAB 5-80MG	3	
<i>aliskiren fumarate (generic of TEKTRUNA) TABS 150mg, 300mg</i>	1		CADUET TAB 10-10MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1		CADUET TAB 10-20MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1		CADUET TAB 10-40MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1		CADUET TAB 10-80MG	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1		CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM LA PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
			CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
			DEMSEER CAPS 250mg	3	NDS
			DIBENZYLIN CAPS 10mg	3	NDS
			<i>digoxin SOLN .05mg/ml</i>	1	
			<i>digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg</i>	1	
			<i>droxidopa (generic of NORTHERA) CAPS 100mg, 200mg, 300mg</i>	3	NDS NM PA
			<i>epinephrine (anaphylaxis) (generic of ADRENALIN) SOLN 1mg/ml</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	3	NDS
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg, 200mg, 300mg	3	NDS NM LA PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NDS NM LA PA
VYNDAQEL CAPS 20mg	3	NDS NM LA PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	3	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg, 40mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	

Drug Name	Drug Requirements/ Tier	Limits
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	3	NDS NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>ambriasant</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA PA
LIQREV SUSP 10mg/ml	3	NDS NM PA
OPSUMIT TABS 10mg	3	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
ORENITRAM TAB MONTH 1	3	NDS NM LA PA
ORENITRAM TAB MONTH 2	3	NDS NM LA PA
ORENITRAM TAB MONTH 3	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
REVATIO SOLN 10mg/12.5ml; SUSR 10mg/ml; TABS 20mg	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TADLIQ SUSP 20mg/5ml	3	NDS NM PA
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	3	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
TYVASO SOLN .6mg/ml	3	NDS NM LA PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NDS NM LA PA
TYVASO DPI POW 16-32-48	3	NDS NM LA PA
TYVASO DPI POW 16- 32MCG	3	NDS NM LA PA
TYVASO DPI POW 32- 48MCG	3	NDS NM LA PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA
UPTRAVI PACK TAB 200/800	3	NDS NM LA PA
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1	
<i>alprazolam</i> 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
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>lorazepam intensol</i> CONC 2mg/ml	1	
LOREEV XR CS24 1mg, 1.5mg, 2mg, 3mg	3	
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	3	
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day	3	
ARICEPT TABS 5mg, 10mg, 23mg	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<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	

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS		
<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, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
CYMBALTA CPEP 20mg, 30mg, 60mg	3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1		NARDIL TABS 15mg	3	
<i>duloxetine hcl</i> CPEP 40mg	1		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3		NORPRAMIN TABS 10mg, 25mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3		PARNATE TABS 10mg	3	NDS
FETZIMA CAP TITRATIO	3		<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1		<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1		PAXIL SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	3	
<i>fluoxetine hcl (pmd)</i> TABS 10mg, 20mg (generic of SARAFEM)	1		PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3	
FLUOXETINE HYDROCHLORIDE TABS 60mg	3		<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	
FORFIVO XL TB24 450mg	3		<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 2-4-10 mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>perphenazine-amitriptyline tab</i> 2-4-25 mg	2	
LEXAPRO TABS 5mg, 10mg, 20mg	3		<i>perphenazine-amitriptyline tab</i> 2-4-50 mg	2	
MARPLAN TABS 10mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		PRISTIQ TB24 25mg, 50mg, 100mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1		PROZAC CAPS 10mg, 20mg	3	
			PROZAC CAPS 40mg	3	NDS
			REMERON TABS 15mg, 30mg	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
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3	
SPRAVATO SOL 56MG DOS	3	NDS NM LA PA
SPRAVATO SOL 84MG DOS	3	NDS NM LA PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
VENLAFAXINE BESYLATE ER TB24 112.5mg	3	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg, 225mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	
VIIBRYD KIT STARTER	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	
WELLBUTRIN XL TB24 150mg, 300mg	3	NDS
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	3	NDS NM PA
AZILECT TABS .5mg, 1mg	3	NDS
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> (generic of STALEVO 150)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	3	NDS B/D NM LA
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
GOCOVRI CP24 68.5mg, 137mg	3	NDS NM LA
INBRIJA CAPS 42mg	3	NDS NM LA PA
LODOSYN TABS 25mg	3	NDS
MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	3	NDS NM LA
ONGENTYS CAPS 25mg, 50mg	3	
OSMOLEX ER TB24 129mg, 193mg	3	NM LA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS
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; TBP 10mg, 15mg	1	
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg	1	
<i>clozapine</i> TBDP 200mg	3	NDS
CLOZARIL TABS 25mg, 50mg	3	
CLOZARIL TABS 100mg, 200mg	3	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FANAPT PAK	3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS
GEODON SOLR 20mg	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 6mg, 9mg	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg, 25mg	3	
RISPERDAL CONSTA SRER 37.5mg, 50mg	3	NDS
<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	
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	3	
SEROQUEL TABS 400mg	3	NDS
SEROQUEL XR TB24 50mg, 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
VRAYLAR CAP 1.5-3MG	3	
<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, 7.5mg, 10mg	3	
ZYPREXA TABS 15mg, 20mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	NDS NM
ZYPREXA ZYDIS TBDP 5mg, 10mg	3	
ZYPREXA ZYDIS TBDP 15mg, 20mg	3	NDS
ANTIEPILEPTIC AGENTS		
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	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 KLONOPIN) 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 LA PA

Drug Name	Drug Requirements/ Tier	Limits
DIASTAT ACUDIAL GEL 10mg, 20mg	3	
DIASTAT PEDIATRIC GEL 2.5mg	3	
<i>diazepam</i> SOLN 5mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg	1	
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
FINTEPLA SOLN 2.2mg/ml	3	NDS NM LA PA
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FYCOMPA TABS 2mg	3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	3	NDS
KLONOPIN TABS .5mg, 1mg, 2mg	3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg	3	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS
LAMICTAL XR KIT	3	

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	MYSOLINE TABS 50mg, 250mg	3 NDS
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	NAYZILAM SOLN 5mg/0.1ml	3
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml	3
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	NEURONTIN TABS 600mg, 800mg	3 NDS
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3 NDS
LEVETIRACETA INJ 5MG/ML	3	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1
LEVETIRACETA INJ 10MG/ML	3	OXTELLAR XR TB24 150mg, 300mg	3
LEVETIRACETA INJ 15MG/ML	3	OXTELLAR XR TB24 600mg	3 NDS
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	<i>phenobarbital</i> ELIX 20mg/5ml	3
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2
		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3
		PHENYTEK CAPS 200mg, 300mg	3
		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
<i>phenytoin sodium</i> SOLN 50mg/ml	1		TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1		TOPAMAX TABS 25mg	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS
<i>primidone</i> TABS 125mg	1		TOPAMAX SPRINKLE CPSP 15mg	3	
QUDEXY XR CS24 25mg, 50mg, 100mg	3		TOPAMAX SPRINKLE CPSP 25mg	3	NDS
QUDEXY XR CS24 150mg, 200mg	3	NDS	<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg, 50mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg, 200mg	3	NDS
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1		<i>topiramate</i> (generic of QUDEXY XR) CS24 25mg, 50mg, 100mg	1	
SABRIL PACK 500mg; TABS 500mg	3	NDS NM LA PA	<i>topiramate</i> (generic of QUDEXY XR) CS24 150mg, 200mg	3	NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		TRILEPTAL TABS 150mg	3	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		TROKENDI XR CP24 25mg, 50mg	3	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		TROKENDI XR CP24 100mg, 200mg	3	NDS
			VALIUM TABS 2mg, 5mg, 10mg	3	
			<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
			<i>valproic acid</i> CAPS 250mg	1	
			VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA PA
VIMPAT SOLN 10mg/ml; TABS 100mg, 150mg, 200mg	3	NDS
VIMPAT SOLN 200mg/20ml; TABS 50mg	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	NDS
XCOPRI PAK 100-150	3	NDS
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS
XCOPRI PAK 150-200MG (TITRATION)	3	NDS
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	3	NDS
ZONISADE SUSP 100mg/5ml	3	NDS
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NDS NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	
ADDERALL XR CAP 10MG	3	

Drug Name	Drug Requirements/ Tier	Limits
ADDERALL XR CAP 15MG	3	
ADDERALL XR CAP 20MG	3	
ADDERALL XR CAP 25MG	3	
ADDERALL XR CAP 30MG	3	
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine- dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine- dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine- dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1	
<i>amphetamine- dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine- dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1		<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2	
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1		INTUNIV TB24 1mg, 2mg, 3mg, 4mg	3	
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	3		JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1		<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
AZSTARYS CAP 26.1-5.2	3		METHYLIN SOLN 5mg/5ml, 10mg/5ml	3	
AZSTARYS CAP 39.2-7.8	3		<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	
AZSTARYS CAP 52.3-10.	3		<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg	1	
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3		<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3		<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1	
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3		<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	
DEXEDRINE CP24 10mg, 15mg	3	NDS	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1		<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1		METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	3	
<i>dextroamphetamine sulfate</i> CP24 5mg, 15mg; TABS 5mg, 10mg, 15mg, 20mg, 30mg	1		MYDAYIS CAP 12.5MG	3	
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg	1		MYDAYIS CAP 25MG	3	
DYANAVEL XR CHER 5mg, 10mg, 15mg, 20mg; SUER 2.5mg/ml	3		MYDAYIS CAP 37.5MG	3	
FOCALIN TABS 2.5mg, 5mg, 10mg	3		MYDAYIS CAP 50MG	3	
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3				

Drug Name	Drug Requirements/ Tier	Limits
QELBREE CP24 100mg, 150mg, 200mg	3	
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	
QUILLIVANT XR SRER 25mg/5ml	3	
RELEXXII TBCR 45mg, 63mg, 72mg	3	
RITALIN TABS 5mg, 10mg, 20mg	3	
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3	
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	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	
HYPNOTICS		
AMBIEN TABS 5mg, 10mg	3	
AMBIEN CR TBCR 6.25mg, 12.5mg	3	
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	
DAYVIGO TABS 5mg, 10mg	2	
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1	
EDLUAR SUBL 5mg, 10mg	3	
<i>estazolam</i> 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 LA PA
HETLIOZ LQ SUSP 4mg/ml	3	NDS NM LA PA
LUNESTA TABS 1mg, 2mg, 3mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
MIGRAINE		
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	
CAMBIA PACK 50mg	3	NDS
<i>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg	1	
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml	3	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1	
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	3	NM
EMGALITY SOSY 100mg/ml	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
FROVA TABS 2.5mg	3	NDS
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1	
IMITREX SOLN 5mg/act, 20mg/act; 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
MIGRANAL SOLN 4mg/ml	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</i> (generic of MAXALT) TABS 10mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg	1	
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> (generic of TREXIMET)	1	
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 LA
ZAVZPRET SOLN 10mg/act	3	NDS
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan</i> SOLN 2.5mg; TBDP 2.5mg, 5mg	1	
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg; TABS 2.5mg, 5mg	1	
ZOMIG SOLN 2.5mg, 5mg	3	
ZOMIG TABS 2.5mg, 5mg	3	NDS
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM LA PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM LA PA
AUSTEDO XR TB24 6mg, 12mg, 24mg	3	NDS NM PA
AUSTEDO XR TAB TITR KIT	3	NDS NM PA
DAYBUE SOLN 200mg/ml	3	NDS NM LA PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA
EXSERVAN FILM 50mg	3	NDS NM LA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
HORIZANT TBCR 300mg, 600mg	3	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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
NUDEXTA CAP 20-10MG	3	PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg	3	
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM LA PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM LA PA
RELYVRIO PAK 3-1GM	3	NDS NM LA PA
RILUTEK TABS 50mg	3	NDS
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NDS NM LA PA
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM LA
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA
XENAZINE TABS 12.5mg, 25mg	3	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	NDS NM LA PA
AUBAGIO TABS 7mg, 14mg	3	NDS NM LA 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 LA PA
BETASERON KIT .3mg	3	NDS NM PA
BRIUMVI SOLN 150mg/6ml	3	NDS NM LA 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 starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
EXTAVIA KIT .3mg	3	NDS NM PA
<i>ingolimod 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 LA PA
LEMTRADA SOLN 12mg/1.2ml	3	NDS NM LA PA
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM LA PA
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM LA PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA PA
OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM LA PA
PLEGRIDY INJ STARTER	3	NDS NM LA PA
PLEGRIDY PEN INJ STARTER	3	NDS NM LA PA
PONVORY TABS 20mg	3	NDS NM LA PA
PONVORY TAB STARTER	3	NDS NM LA 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
TASCENSO ODT TBDP .25mg, .5mg	3	NDS NM LA PA
TECFIDERA CPDR 120mg, 240mg	3	NDS NM LA PA
TECFIDERA CAP STARTER	3	NDS NM LA PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg	3	NDS NM PA
TYSABRI CONC 300mg/15ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VUMERITY CPDR 231mg	3	NDS NM LA PA
ZEPOSIA CAPS .92mg	3	NDS NM LA PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA PA
ZEPOSIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 250mg	3	
<i>carisoprodol</i> (generic of SOMA) TABS 350mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg	2	
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	3	NDS
LYVISPAH PACK 5mg, 10mg	3	
LYVISPAH PACK 20mg	3	NDS
<i>metaxalone</i> TABS 400mg, 800mg	3	
<i>methocarbamol</i> 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
SOMA TABS 250mg	3	
SOMA TABS 350mg	3	NDS
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (generic of SOMA) TABS 350mg	2	
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	3	NDS NM LA PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUVIGIL TABS 50mg	3	PA
NUVIGIL TABS 150mg, 200mg, 250mg	3	NDS PA
PROVIGIL TABS 100mg, 200mg	3	NDS PA
SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM LA PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM LA PA
XYREM SOLN 500mg/ml	3	NDS NM LA PA
XYWAV SOL 0.5GM/ML	3	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

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

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Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED SOLN 750mg/3ml <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	NM LA PA
FORTESTA GEL 10mg/act	1	PA
JATENZO CAPS 158mg, 198mg	3	PA
JATENZO CAPS 237mg <i>methyltestosterone</i> CAPS 10mg	3	NDS PA
NATESTO GEL 5.5mg/act	3	PA
TESTIM GEL 1% <i>testosterone</i> GEL 1%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act <i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	3	PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg	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

Drug Name	Drug Requirements/ Tier	Limits
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 1 100mg		1
ACTOPLUS MET TAB 15- 850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	3	
<i>alogliptin-metformin hcl tab</i> 12.5-500 mg	3	
<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg	3	
<i>alogliptin-pioglitazone tab</i> 12.5-30 mg	3	
<i>alogliptin-pioglitazone tab 25-</i> 15 mg	3	
<i>alogliptin-pioglitazone tab 25-</i> 30 mg	3	
<i>alogliptin-pioglitazone tab 25-</i> 45 mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
FARXIGA TABS 5mg, 10mg	2	
<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	
<i>glipizide</i> TABS 5mg, 10mg	1	
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	
<i>glipizide-metformin hcl tab 5-</i> 500 mg	1	
GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLUMETZA TB24 500mg, 1000mg	3	NDS	<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
GLYXAMBI TAB 10-5 MG	2		<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
GLYXAMBI TAB 25-5 MG	2		<i>metformin hcl</i> TB24 500mg, 1000mg (generic of FORTAMET)	1	
INVOKAMET TAB 50-500MG	3		<i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg, 1000mg (generic of GLUMETZA)	1	
INVOKAMET TAB 50-1000	3		METFORMIN	3	NDS
INVOKAMET TAB 150-500	3		HYDROCHLORIDE TABS 625mg		
INVOKAMET TAB 150-1000	3		<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
INVOKAMET XR TAB 50- 500MG	3		MOUNJARO SOPN 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
INVOKAMET XR TAB 50- 1000	3		<i>nateglinide</i> TABS 60mg, 120mg	1	
INVOKAMET XR TAB 150- 500	3		NESINA TABS 6.25mg, 12.5mg, 25mg	3	
INVOKAMET XR TAB 150- 1000	3		ONGLYZA TABS 2.5mg, 5mg	3	
INVOKANA TABS 100mg, 300mg	3		OSENI TAB 12.5-30	3	
JANUMET TAB 50-500MG	2		OSENI TAB 25-15MG	3	
JANUMET TAB 50-1000	2		OSENI TAB 25-30MG	3	
JANUMET XR TAB 50- 500MG	2		OSENI TAB 25-45MG	3	
JANUMET XR TAB 50-1000	2		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 100-1000	2		OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg	2		OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JARDIANCE TABS 10mg, 25mg	2		OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA
JENTADUETO TAB 2.5-500	2		<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
JENTADUETO TAB 2.5-850	2				
JENTADUETO TAB 2.5-1000	2				
JENTADUETO TAB XR 2.5- 1000MG	2				
JENTADUETO TAB XR 5- 1000MG	2				
KAZANO 12.5- TAB 500MG	3				
KAZANO 12.5- TAB 1000MG	3				
KOMBIGLYZ XR TAB 2.5- 1000	3				
KOMBIGLYZ XR TAB 5- 500MG	3				
KOMBIGLYZ XR TAB 5- 1000MG	3				
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1		SYNJARDY XR TAB 5-1000MG	2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1		SYNJARDY XR TAB 10-1000	2	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1		SYNJARDY XR TAB 12.5-1000MG	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1		SYNJARDY XR TAB 25-1000	2	
QTERN TAB 5-5MG	3		TRADJENTA TABS 5mg	2	
QTERN TAB 10-5MG	3		TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1		TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 2.5mg, 5mg	1		TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> (generic of KOMBIGLYZE XR)	1		TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> (generic of KOMBIGLYZE XR)	1		TZIELD SOLN 2mg/2ml	3	NDS NM LA PA
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> (generic of KOMBIGLYZE XR)	1		VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
SEGLUROMET TAB 2.5-500	3		XIGDUO XR TAB 2.5-1000	2	
SEGLUROMET TAB 2.5-1000	3		XIGDUO XR TAB 5-500MG	2	
SEGLUROMET TAB 7.5-500	3		XIGDUO XR TAB 5-1000MG	2	
SEGLUROMET TAB 7.5-1000	3		XIGDUO XR TAB 10-500MG	2	
STEGLATRO TABS 5mg, 15mg	3		XIGDUO XR TAB 10-1000	2	
STEGLUJAN TAB 5-100MG	3		ANTIDIABETICS, INSULINS		
STEGLUJAN TAB 15-100MG	3		ADMELOG SOLN 100unit/ml	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	AFREZZA POWD 4unit, 8unit	3	
SYNJARDY TAB 5-500MG	2		AFREZZA POWD 12unit	3	NDS
SYNJARDY TAB 5-1000MG	2		AFREZZA POW 4-8 UNIT	3	NDS
SYNJARDY TAB 12.5-500	2		AFREZZA POW 4-8-12	3	NDS
SYNJARDY TAB 12.5-1000MG	2		AFREZZA POW 8-12UNIT	3	NDS
			APIDRA SOLN 100unit/ml	3	
			APIDRA SOLOSTAR SOPN 100unit/ml	3	
			BASAGLAR KWIKPEN SOPN 100unit/ml	2	
			BASAGLAR TEMPO PEN SOPN 100unit/ml	3	
			BD ALCOHOL SWABS	2	
			FIASP FLEX INJ TOUCH	2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FIASP INJ 100/ML	2		INSULIN GLARGINE	3	
FIASP PENFIL INJ U-100	2		SOLOSTAR SOPN		
FIASP PMPCRT INJ U-100	2	B/D	100unit/ml		
GAUZE PADS 2X2	2		INSULIN LISP INJ	3	
HUMALOG SOCT	3		PROTAMIN		
100unit/ml; SOLN 100unit/ml			INSULIN LISPRO SOLN	3	
HUMALOG JUNIOR	3		100unit/ml		
KWIKPEN SOPN 100unit/ml			INSULIN LISPRO JUNIOR	3	
HUMALOG KWIKPEN SOPN	3		KWI SOPN 100unit/ml		
100unit/ml, 200unit/ml			INSULIN LISPRO KWIKPEN	3	
HUMALOG MIX INJ 50/50	3		SOPN 100unit/ml		
HUMALOG MIX INJ	3		INSULIN PEN NEEDLES:	2	
50/50KWP			BD/NOVO		
HUMALOG MIX INJ	3		INSULIN SAFETY NEEDLES	2	
75/25KWP			INSULIN SYRINGES: BD	2	
HUMALOG MIX SUS 75/25	3		LANTUS SOLN 100unit/ml	2	
HUMALOG TEMPO PEN	3		LANTUS SOLOSTAR SOPN	2	
SOPN 100unit/ml			100unit/ml		
HUMULIN INJ 70/30	3		LEVEMIR SOLN 100unit/ml	2	
HUMULIN INJ 70/30KWP	3		LEVEMIR FLEXPEN SOPN	2	
HUMULIN N SUSP	3		100unit/ml		
100unit/ml			LYUMJEV SOLN 100unit/ml	3	
HUMULIN N KWIKPEN	3		LYUMJEV KWIKPEN SOPN	3	
SUPN 100unit/ml			100unit/ml, 200unit/ml		
HUMULIN R SOLN	3		LYUMJEV TEMPO PEN	3	
100unit/ml			SOPN 100unit/ml		
HUMULIN R U-500	3	NDS B/D	NOVOLIN70/30 INJ RELION	3	
(CONCENTR SOLN			NOVOLIN INJ 70/30	2	
500unit/ml			NOVOLIN INJ 70/30 FP	2	
HUMULIN R U-500 KWIKPEN	3	NDS	NOVOLIN INJ 70/30 FP	3	
SOPN 500unit/ml			RELION		
INS ASP PROT INJ	3		NOVOLIN N SUSP	2	
FLEXPEN			100unit/ml		
INSULIN ASPA INJ 70/30	3		NOVOLIN N FLEXPEN	2	
INSULIN ASPART SOLN	3		SUPN 100unit/ml		
100unit/ml			NOVOLIN N FLEXPEN	3	
INSULIN ASPART FLEXPEN	3		RELION SUPN 100unit/ml		
SOPN 100unit/ml			NOVOLIN N RELION SUSP	3	
INSULIN ASPART PENFILL	3		100unit/ml		
SOCT 100unit/ml			NOVOLIN R SOLN	2	
INSULIN DEGLUDEC SOLN	3		100unit/ml		
100unit/ml			NOVOLIN R FLEXPEN	2	
INSULIN DEGLUDEC	3		SOPN 100unit/ml		
FLEXTouc SOPN			NOVOLIN R FLEXPEN	3	
100unit/ml, 200unit/ml			RELION SOPN 100unit/ml		
INSULIN GLARGINE SOLN	3		NOVOLIN R RELION SOLN	3	
100unit/ml; SOPN 100unit/ml			100unit/ml		

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Drug Name	Drug Requirements/ Tier Limits
NOVOLOG SOLN 100unit/ml	2
NOVOLOG FLEXPEN SOPN 100unit/ml	2
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3
NOVOLOG MIX INJ 70/30	2
NOVOLOG MIX INJ FLEX REL	3
NOVOLOG MIX INJ FLEXPEN	2
NOVOLOG PENFILL SOCT 100unit/ml	2
NOVOLOG RELI INJ 70/30	3
NOVOLOG RELION SOLN 100unit/ml	3
OMNIPOD 5 G6 KIT INTRO	3
OMNIPOD 5 G6 MIS PODS	3
OMNIPOD DASH KIT INTRO	3
OMNIPOD DASH MIS PODS	3
OMNIPOD GO KIT 10UNT/DY	3
OMNIPOD GO KIT 15UNT/DY	3
OMNIPOD GO KIT 20UNT/DY	3
OMNIPOD GO KIT 25UNT/DY	3
OMNIPOD GO KIT 30UNT/DY	3
OMNIPOD GO KIT 35UNT/DY	3
OMNIPOD GO KIT 40UNT/DY	3
OMNIPOD MIS CLASSIC	3
REZVOGLAR KWIKPEN SOPN 100unit/ml	3
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3
SOLQUA INJ 100/33	2
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2
TOUJEO SOLOSTAR SOPN 300unit/ml	2
TRESIBA SOLN 100unit/ml	2
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2
V-GO 20 KIT	3

Drug Name	Drug Requirements/ Tier Limits
V-GO 30 KIT	3
V-GO 40 KIT	3
XULTOPHY INJ 100/3.6	2
CALCIUM REGULATORS	
ACTONEL TABS 35mg, 150mg	3
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
ATELVIA TBEC 35mg	3
BINOSTO TBEF 70mg	3
<i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml	3 NDS B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
EVENITY SOSY 105mg/1.17ml	3 NDS NM PA
FORTEO SOPN 600mcg/2.4ml	3 NDS NM PA
FOSAMAX TABS 70mg	3
FOSAMAX + D TAB 70-2800	3
FOSAMAX + D TAB 70-5600	3
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1 B/D
MIACALCIN SOLN 200unit/ml	3 NDS B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3 NDS LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2 B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1 B/D
PROLIA SOSY 60mg/ml	3 NM
RECLAST SOLN 5mg/100ml	3 B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1
TERIPARATIDE SOPN 620mcg/2.48ml	3 NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM LA
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	NDS NM PA
deferasirox (generic of EXJADE) TBSO 125mg	1	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
deferiprone (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA 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 LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	

Drug Name	Drug Requirements/ Tier	Limits
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM
trientine hcl (generic of SYPRINE) CAPS 250mg	3	NDS NM
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
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	
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	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>daysee</i>	1	<i>hailey 24 fe</i>	1
<i>deblitane</i> TABS .35mg	1	<i>haloette</i> (generic of NUVARING)	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	<i>heather</i> TABS .35mg	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	<i>iclevia</i>	1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	<i>incassia</i> TABS .35mg	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<i>introvale</i>	1
<i>dolishale</i>	1	<i>isibloom</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	<i>jasmiel</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	<i>jolessa</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	<i>joyeaux</i> (generic of BALCOLTRA)	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	<i>juleber</i>	1
<i>elonest</i>	1	<i>junel 1.5/30</i>	1
<i>eluryng</i> (generic of NUVARING)	1	<i>junel 1/20</i>	1
<i>enilloring</i> (generic of NUVARING)	1	<i>junel fe 1.5/30</i>	1
<i>enpresse-28</i>	1	<i>junel fe 1/20</i>	1
<i>enskyce</i>	1	<i>junel fe 24</i>	1
<i>errin</i> TABS .35mg	1	<i>kaitlib fe</i>	1
<i>estarylla</i>	1	<i>kariva</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	<i>kelnor 1/35</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	<i>kelnor 1/50</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1	<i>kurvelo</i>	1
<i>falmina</i>	1	<i>larin 1.5/30</i>	1
<i>finzala</i> (generic of MINASTRIN 24 FE)	1	<i>larin 1/20</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1	<i>larin 24 fe</i>	1
<i>hailey 1.5/30</i>	1	<i>larin fe 1.5/30</i>	1
		<i>larin fe 1/20</i>	1
		<i>layolis fe</i>	1
		<i>leena</i>	1
		<i>lessina</i>	1
		<i>levonest</i>	1
		<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
		<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
		<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)</i>	1
		<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<i>nora-be TABS .35mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<i>norethindrone (contraceptive) TABS .35mg</i>	1
<i>levora 0.15/30-28</i>	1	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
LO LOESTRIN TAB 1-10-10	3	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>loestrin 1.5/30-21</i>	1	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>loestrin 1/20-21</i>	1	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>loestrin fe 1.5/30</i>	1	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	1
<i>loestrin fe 1/20</i>	1	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1
<i>loryna (generic of YAZ)</i>	1	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
LOSEASONIQUE TAB	3	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>low-ogestrel</i>	1	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>lutera</i>	1	<i>norlyroc TABS .35mg</i>	1
<i>lyleq TABS .35mg</i>	1	<i>nortrel 0.5/35 (28)</i>	1
<i>lyza TABS .35mg</i>	1	<i>nortrel 1/35 (21)</i>	1
<i>marlissa</i>	1	<i>nortrel 1/35 (28)</i>	1
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	<i>nortrel 7/7/7</i>	1
<i>merzee (generic of TAYTULLA)</i>	1	NUVARING MIS	3
<i>mibelas 24 fe (generic of MINASTRIN 24 FE)</i>	1	<i>nylia 1/35</i>	1
<i>microgestin 1.5/30</i>	1	<i>nylia 7/7/7</i>	1
<i>microgestin 1/20</i>	1	<i>nymyo</i>	1
<i>microgestin 24 fe</i>	1	<i>ocella (generic of YASMIN 28)</i>	1
<i>microgestin fe 1.5/30</i>	1	PHEXXI GEL	3
<i>microgestin fe 1/20</i>	1	<i>philith</i>	1
<i>mili</i>	1	<i>pimtrea</i>	1
MIRCETTE TAB 28 DAY	3		
<i>mono-lynyah</i>	1		
NATAZIA TAB	3		
<i>necon 0.5/35-28</i>	1		
NEXTSTELLIS TAB 3-14.2MG	3		
<i>nikki (generic of YAZ)</i>	1		

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Drug Name	Drug Requirements/ Tier Limits
<i>portia-28</i>	1
QUARTETTE TAB	3
<i>reclipsen</i>	1
<i>rivelsa</i>	1
SAFYRAL TAB	3
SEASONIQUE TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ENDOMETRIOSIS	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	
ORLISSA TABS 150mg, 200mg	3 NDS
SYNAREL SOLN 2mg/ml	3 NDS PA
ESTROGENS	
ACTIVELLA TAB 1-0.5MG	3
<i>amabelz</i>	2
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, 40mg/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
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2

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>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREFEST TAB	3	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
CORTISONE ACETATE TABS 25mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
DEXABLISS TBPK 1.5mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
<i>dexamethasone</i> TBPK 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
DXEVO 11-DAY TBPK 1.5mg	3	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>millipred</i> TABS 5mg	1	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	3	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM LA
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GLUCAGEN HYPOKIT SOLR 1mg	3	
<i>glucagon (rdna)</i> (generic of GLUCAGON EMERGENCY KIT) KIT 1mg	1	
GLUCAGON EMERGENCY KIT KIT 1mg	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	3	NDS NM LA PA
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
<i>betaine powder for oral solution (generic of CYSTADANE)</i>	3	NDS NM LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM LA PA
<i>carglumic acid (generic of CARBAGLU) TBSO 200mg</i>	3	NDS NM LA PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg</i>	1	B/D NM
<i>cinacalcet hcl (generic of SENSIPAR) TABS 90mg</i>	3	NDS B/D NM
CORTROPHIN GEL 80unit/ml	3	NDS NM LA PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml</i>	3	NDS
<i>desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray SOLN .01%</i>	1	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	1	
DOJOLVI LIQD 100%	3	NDS NM LA PA
EGRIFTA SV SOLR 2mg	3	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA
ELELYSO SOLR 200unit	3	NDS NM LA PA
ELFABRIO SOLN 20mg/10ml	3	NDS NM LA PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA PA
FENSOLVI KIT 45mg	3	NDS NM LA PA
GALAFOLD CAPS 123mg	3	NDS NM LA PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA PA
<i>javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg</i>	3	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA
JYNARQUE PAK 30-15MG	3	NDS NM LA PA
JYNARQUE PAK 45-15MG	3	NDS NM LA PA
JYNARQUE PAK 60-30MG	3	NDS NM LA PA
JYNARQUE PAK 90-30MG	3	NDS NM LA PA
KANUMA SOLN 20mg/10ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
KORLYM TABS 300mg	3	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA PA
LAMZEDE SOLR 10mg	3	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	3	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	3	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	3	NDS NM PA
<i>methergine</i> TABS .2mg	3	NDS PA
<i>methylergonovine maleate</i> TABS .2mg	3	NDS PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA
MYCAPSSA CPDR 20mg	3	NDS NM LA PA
MYFEMBREE TAB	3	NDS
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA
<i>nitisinone</i> CAPS 20mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM LA PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA PA
ORIAHNN CAP	3	NDS
OSPHENA TABS 60mg	3	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
PHEBURANE PLLT 483mg/gm	3	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
RECORLEV TABS 150mg	3	NDS NM LA PA
REVCOVI SOLN 2.4mg/1.5ml	3	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
SANDOSTATIN SOLN 50mcg/ml	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.

Drug Name	Drug Requirements/ Tier	Limits
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SENSIPAR TABS 30mg	3	B/D NM
SENSIPAR TABS 60mg, 90mg	3	NDS B/D NM
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM LA PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA
TEPEZZA SOLR 500mg	3	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
VEOZAH TABS 45mg	3	
VIJOICE TBPk 50mg, 125mg	3	NDS NM LA PA
VIJOICE TAB 250MG	3	NDS NM LA PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VPRIV SOLR 400unit	3	NDS NM LA PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM LA PA
ZAVESCA CAPS 100mg	3	NDS NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
ZORBTIVE SOLR 8.8mg	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	3	NDS PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	
FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	3	NDS
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	1	
REVELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS
<i>sevelamer carbonate</i> (generic of REVELA) PACK .8gm, 2.4gm; TABS 800mg	1	
<i>sevelamer hcl</i> TABS 400mg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	3	NDS
PROGESTINS		
AYGESTIN TABS 5mg	3	
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
THYROID AGENTS					
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3		TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
ERMEZA SOLN 150mcg/5ml	3		TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		VITAMIN D ANALOGS		
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	1		<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		RAYALDEE CPCR 30mcg	3	NDS
<i>propylthiouracil</i> TABS 50mg	1		ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
THYQUIDITY SOLN 100mcg/5ml	3		GASTROINTESTINAL ANTIEMETICS		
			AKYNZEO CAP 300-0.5	3	B/D
			AKYNZEO INJ 235-0.25	3	NM LA
			AKYNZEO INJ 235- 0.25MG/20ML	3	NM LA
			ANTIVERT CHEW 25mg; TABS 50mg	3	
			APONVIE EMUL 32mg/4.4ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg	1	B/D
<i>dronabinol</i> CAPS 5mg, 10mg	1	B/D
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	3	NDS B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
GIMOTI SOLN 15mg/act	3	NDS
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> (generic of ANTIVERT) TABS 50mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	1	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	3	NDS
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days	3	
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml	3	NDS B/D
TRANSDERM-SCOP PT72 1mg/3days	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
DARTISLA ODT TBDP 1.7mg	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg	3	NDS
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg	3	NDS
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	
ROBINUL TABS 1mg	3	
ROBINUL FORTE TABS 2mg	3	NDS
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CANASA SUPP 1000mg	3	NDS
COLAZAL CAPS 750mg	3	NDS
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg	3	
DIPENTUM CAPS 250mg	3	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>mesalamine</i> CPCR 500mg; ENEM 4gm; TBEC 800mg	1	
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>mesalamine w/ cleanser</i> (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
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	3	NDS
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	

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Drug Name	Drug Requirements/ Tier	Limits
KRISTALOSE PACK 10gm, 20gm	3	
LACTULOSE PACK 10gm	3	NDS
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg	3	NDS
AMITIZA CAPS 8mcg, 24mcg	3	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CARAFATE SUSP 1gm/10ml; TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	3	NDS
IBSRELA TABS 50mg	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	3	NDS
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NDS NM LA PA
PYLERA CAP	3	NDS
REBYOTA SUSP 150ml	3	NDS NM LA 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 LA
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg	3	

Drug Name	Drug Requirements/ Tier	Limits
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	3	NDS
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
VOWST CAP	3	NDS NM LA PA
XERMELO TABS 250mg	3	NDS NM LA PA
XIFAXAN TABS 550mg	3	NDS
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
KONVOMEF 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; 3 PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3	
NEXIUM I.V. SOLR 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> (generic of ZEGERID)	3	NDS
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> (generic of ZEGERID)	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> (generic of ZEGERID)	3	NDS
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> (generic of ZEGERID)	3	NDS
<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	3	
PREVACID SOLUTAB TBDD 15mg, 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	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
PROTONIX PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	
ZEGERID CAP 20-1100	3	NDS
ZEGERID CAP 40-1100	3	NDS
ZEGERID POW 20-1680	3	NDS
ZEGERID POW 40-1680	3	NDS
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> <i>0.5-0.4 mg</i> (generic of JALYN)	1	
ENTADFI CAP 5-5MG	3	PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
UROXATRAL TB24 10mg	3	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	NDS
FILSPARI TABS 200mg, 400mg	3	NDS NM LA PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
TARPEYO CPDR 4mg	3	NDS NM LA PA
THIOLA TABS 100mg	3	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM LA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	
OXYBUTYNIN CHLORIDE SOLN 5mg/5ml	3	
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 2.5mg, 5mg; TB24 5mg, 10mg, 15mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	3	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
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> CAPS 75mg	1	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPk 5mg	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	

Drug Name	Drug Requirements/ Tier	Limits
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
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml	3	
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
PRADAXA CAPS 75mg, 110mg, 150mg	3	
PRADAXA PACK 20mg, 30mg, 40mg, 50mg, 110mg, 150mg	3	NDS
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN SOLN 20000unit/ml	3	NDS NM PA
FULPHILA SOSY 6mg/0.6ml	3	NDS NM PA
FYLNETRA SOSY 6mg/0.6ml	3	NDS NM PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
LEUKINE SOLR 250mcg	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA
NEULASTA SOSY 6mg/0.6ml	3	NDS NM PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	NDS NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml	3	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
RELEUKO SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA
RETACRIT SOLN 40000unit/ml	3	NDS NM PA
ROLVEDON SOSY 13.2mg/0.6ml	3	NDS NM LA PA
UDENYCA SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml	3	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
AGRYLIN CAPS .5mg	3	
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit	3	NDS NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	3	NDS NM LA PA
DOPTELET TABS 20mg	3	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
FIRAZYR SOSY 30mg/3ml	3	NDS NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA
KALBITOR SOLN 10mg/ml	3	NDS NM LA PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg	3	NDS NM LA PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	3	NDS NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM LA PA
PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM LA PA
PYRUKYND TAB 20MGX5MG	3	NDS NM LA PA
PYRUKYND TAB 50MGX20M	3	NDS NM LA PA
PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM LA PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA
RUCONEST SOLR 2100unit	3	NDS NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM LA PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	3	NDS NM LA PA
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA PA
TAVNEOS CAPS 10mg	3	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3	NDS NM LA PA
ACTEMRA SOSY 162mg/0.9ml	3	NDS NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	3	NDS NM LA PA
ADBRY SOSY 150mg/ml	3	NDS NM LA PA
AMJEVITA SOAJ 40mg/0.8ml; SOSY 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM LA PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml	3	NDS NM PA
CIMZIA STARTER KIT 200mg/ml	3	NDS NM PA
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	NDS NM LA PA
COSENTYX UNOREADY SOAJ 300mg/2ml	3	NDS NM LA PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA
ENBREL MINI SOCT 50mg/ml	3	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM PA
ENTYVIO SOLR 300mg	3	NDS NM LA PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
HUMIRA PEDIA INJ CROHNS	3	NDS NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN KIT PS/UV	3	NDS NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM PA
ILUMYA SOSY 100mg/ml	3	NDS NM LA PA
INFLECTRA SOLR 100mg	3	NDS NM LA PA
INFLIXIMAB SOLR 100mg	3	NDS NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM PA
KINERET SOSY 100mg/0.67ml	3	NDS NM PA
LITFULO CAPS 50mg	3	NDS NM LA PA
OLUMIANT TABS 1mg, 2mg, 4mg	3	NDS NM LA PA
ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	3	NDS NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
OTEZLA TABS 30mg	3	NDS NM PA
OTEZLA TAB 10/20/30	3	NDS NM PA
REMICADE SOLR 100mg	3	NDS NM LA PA
RENFLEXIS SOLR 100mg	3	NDS NM LA PA
RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
SILIQ SOSY 210mg/1.5ml	3	NDS NM PA
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 LA PA
SPEVIGO SOLN 450mg/7.5ml	3	NDS NM LA PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml	3	NDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA PA
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	3	NDS NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM PA
XELJANZ XR TB24 11mg, 22mg	3	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg	3	NDS
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1	
<i>methotrexate sodium</i> TABS 2.5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
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	
RASUVO 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
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM LA PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM LA PA
CYTOGAM INJ 50mg/ml	3	NDS NM
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
GAMASTAN INJ	3	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA
HYQVIA INJ 2.5-200	3	NDS NM LA PA
HYQVIA INJ 5-400	3	NDS NM LA PA
HYQVIA INJ 10-800	3	NDS NM LA PA
HYQVIA INJ 20-1600	3	NDS NM LA PA
HYQVIA INJ 30-2400	3	NDS NM LA PA
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
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA
ARCALYST SOLR 220mg	3	NDS NM LA PA
GRASTEK SUBL 2800bau	3	
ILARIS SOLN 150mg/ml	3	NDS NM LA PA
JOENJA TABS 70mg	3	NDS NM LA PA
ODACTRA SUB	3	
ORALAIR SUB 300 IR	3	NM LA
PALFORZIA CAP ESCALAT	3	NDS NM LA
PALFORZIA CAP LEVEL 3	3	NDS NM LA
PALFORZIA CAP LEVEL 7	3	NDS NM LA

Drug Name	Tier	Drug Requirements/ Limits
PALFORZIA CAP LEVEL 8	3	NDS NM LA
PALFORZIA CAP LEVEL 10	3	NDS NM LA
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM LA
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM LA
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM LA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM LA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM LA
RAGWITEK SUBL 12amba1- u	3	NDS NM LA PA
RYSTIGGO SOLN 280mg/2ml	3	NDS NM LA PA
VYVGART SOLN 400mg/20ml	3	NDS NM LA PA
VYVGART INJ HYTRULO	3	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	3	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM LA PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM

Drug Name	Tier	Drug Requirements/ Limits
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	3	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM
RAPAMUNE TABS .5mg	3	B/D NM
REZUROCK TABS 200mg	3	NDS NM LA PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	3	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	

Drug Name	Drug Requirements/ Tier	Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	1	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	<i>magnesium sulfata</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfata</i> SOLN 50%	2
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	<i>magnesium sulfata in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	MG SO4/D5W INJ 10MG/ML	2
ISOLYTE-P INJ /D5W	3	<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE-148)	1
ISOLYTE-S INJ	3	<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1
ISOLYTE-S INJ PH 7.4	3	PLASMA-LYTE INJ -148	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	PLASMA-LYTE INJ -A	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	<i>potassium chloride</i> SOLN 2meq/ml	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	TPN ELECTROL INJ	3 B/D
KCL/D5W/LACT INJ 20MEQ/L	3		
KCL/D5W/NACL INJ 0.3/0.9%	3		
<i>lactated ringer's solution</i>	1		

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Drug Name	Drug Requirements/ Tier	Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride</i> <i>microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	LA
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
DUREZOL EMUL .05%	3	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	3	NDS NM LA
ANTIALLERGICS		
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
ALPHAGAN P SOLN .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>bimatoprost</i> SOLN .03%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	
ZIOPTAN SOLN .015mg/ml	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM LA PA
CEQUA SOLN .09%	3	
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA
CIMERLI SOLN .5mg/0.05ml	3	NDS NM LA PA
CYSTADROPS SOLN .37%	3	NDS NM LA PA
CYSTARAN SOLN .44%	3	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	3	NDS NM LA PA
MIEBO SOLN 1.338gm/ml	3	
OXERVATE SOLN .002%	3	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	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
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	3	NDS NM LA PA
VERKAZIA EMUL .1%	3	NDS
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3- 0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
OTOVEL DRO	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	

Drug Name	Drug Requirements/ Tier	Limits
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER SPHERE	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5	3	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1	
YUPELRI SOLN 175mcg/3ml	3	NDS B/D
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50	3	
<i>promethazine vc</i>	2	
RYALTRIS SPR 665-25	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg	2	
CARBINOXAMINE MALEATE TABS 6mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
CLARINEX TABS 5mg	3	
<i>clemastine fumarate</i> SYRP .67mg/5ml	3	NDS
<i>clemastine fumarate</i> TABS 2.68mg	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> CAPS 100mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
<i>ryclora</i> SOLN 2mg/5ml	1	
RYVENT TABS 6mg	3	
VISTARIL CAPS 25mg, 50mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Proair HFA)	1	
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA)	1	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	3	NDS B/D
<i>formoterol fumarate</i> (generic of PERFORMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
PERFORMIST NEBU 20mcg/2ml	3	NDS B/D
PROAIR DIGIHALER AEPB 108mcg/act	3	
PROAIR RESPICLICK AEPB 108mcg/act	3	
PROVENTIL HFA AERS 108mcg/act	3	
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	
XOPENEX HFA AERO 45mcg/act	3	
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg	3	NDS
ZYFLO TABS 600mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg	3	NDS NM LA PA
CINQAIR SOLN 100mg/10ml	3	NDS NM LA PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
elixophyllin ELIX 80mg/15ml	3	NDS
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg; TABS 267mg, 801mg	3	NDS NM LA PA
FASENRA SOSY 30mg/ml	3	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM LA PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	3	NDS NM LA PA
OFEV CAPS 100mg, 150mg	3	NDS NM LA PA
ORKAMBI GRA 75-94MG	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI GRA 100-125	3	NDS NM LA PA
ORKAMBI GRA 150-188	3	NDS NM LA PA
ORKAMBI TAB 100-125	3	NDS NM LA PA
ORKAMBI TAB 200-125	3	NDS NM LA 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; SOLR 1000mg	3	NDS NM LA 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 LA PA
SYMDEKO TAB 100-150	3	NDS NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
TEZSPIRE SOAJ 210mg/1.91ml; SOSY 210mg/1.91ml	3	NDS NM LA 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 LA PA
TRIKAFTA PAK 75MG	3	NDS NM LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	3	NDS NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray	3	
<i>flunisolide (nasal)</i> SOLN .025%	1	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	
<i>mometasone furoate (nasal)</i> 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	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
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	
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act	2	

Drug Name	Drug Requirements/ Tier	Limits
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	3	
QVAR REDHALER AERB 40mcg/act, 80mcg/act	3	
STEROID/BETA-AGONIST COMBINATIONS		
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	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>brey-na</i> (generic of SYMBICORT)	3	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT)	3	
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT)	3	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
SYMBICORT AER 80-4.5	3	
SYMBICORT AER 160-4.5	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>wixela inhub</i> (generic of ADVAIR DISKUS)	1	
TOPICAL DERMATOLOGY, ACNE		
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	
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
<i>adapalene</i> PADS .1%	3	NDS
ADAPALENE SOLN .1%	3	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
ATRALIN GEL .05%	3	
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T LOTN 1%	3	
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1%	1	
<i>clindacin-p</i> SWAB 1%	1	
CLINDAGEL GEL 1%	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical)</i> FOAM 1%; GEL 1%; SOLN 1%; SWAB 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA)	1	
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%	1	
DIFFERIN CREA .1%; GEL .3%; LOTN .1%	3	
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5%	3	
<i>ery</i> PADS 2%	1	
ERYGEL GEL 2%	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	
FABIOR FOAM .1%	3	
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS
KLARON LOTN 10%	3	
<i>neuac gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
RETIN-A MICRO GEL .04%, .1%	3	
RETIN-A MICRO GEL .06%	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
RETIN-A MICRO PUMP GEL .08%	3	NDS
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1	
TAZAROTENE FOAM .1%	3	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	
<i>tretinoin microsphere</i> GEL .04%, .1%	1	
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08%	1	
TWYNEO CRE 0.1-3%	3	
VELTIN GEL	3	
WINLEVI CREA 1%	3	
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
ZIANA GEL	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5%	1	
<i>mupirocin</i> OINT 2%	1	
<i>mupirocin calcium (topical)</i> CREA 2%	1	
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%; SHAM 1%	1	
<i>ciclopirox olamine</i> CREA .77%	1	
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77%	1	
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>econazole nitrate</i> CREA 1%	1	
ERTACZO CREA 2%	3	NDS
EXELDERM CREA 1%; SOLN 1%	3	
JUBLIA SOLN 10%	3	NDS
<i>ketoconazole (topical)</i> CREA 2%; FOAM 2%	1	
<i>ketodan</i> FOAM 2%	1	
LOPROX SUSP .77%	3	
LOPROX SHAMPOO SHAM 1%	3	
<i>luliconazole</i> CREA 1%	1	
LUZU CREA 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl</i> CREA 1%, 2%	1	
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 1%, 2%	3	
<i>nyamyc</i> POWD 100000unit/gm	1	
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
<i>nystop</i> POWD 100000unit/gm	1	
<i>oxiconazole nitrate</i> (generic of OXISTAT) CREA 1%	1	PA
OXISTAT CREA 1%; LOTN 1%	3	PA
VUSION OIN	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> CREA .005%; FOAM .005%; OINT .005%; SOLN .005%	1	PA
<i>calcitrene</i> OINT .005%	1	PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	1	PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tazarotene</i> (generic of TAZORAC) CREA .1%; GEL .05%, .1%	1		<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
TAZORAC CREA .05%, .1%; GEL .05%, .1%	3		<i>clobetasol propionate e</i> CREA .05%	1	
VECTICAL OINT 3mcg/gm	3	NDS PA	<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05%	1	
VTAMA CREA 1%	3	NDS	CLOBEX LIQD .05%; LOTN .05%; SHAM .05%	3	
ZORYVE CREA .3%	3		<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%	1	
DERMATOLOGY, ANTISEBORRHEICS			<i>clodan</i> (generic of CLOBEX) SHAM .05%	1	
<i>ketoconazole</i> (topical) SHAM 2%	1		CLODERM CREA .1%	3	
<i>selenium sulfide</i> LOTN 2.5%	1		CORDRAN CREA .05%; LOTN .05%	3	NDS
DERMATOLOGY, CORTICOSTEROIDS			CORDRAN TAPE 4mcg/sqcm	3	
<i>ala-cort</i> CREA 1%, 2.5%	1		DERMA-SMOOTH/FS BODY OIL .01%	3	
ALA-SCALP LOTN 2%	3		DERMA-SMOOTH/FS SCALP OIL .01%	3	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1		<i>desonide</i> (generic of DESOWEN) CREA .05%	1	
<i>amcinonide</i> LOTN .1%	1		<i>desonide</i> GEL .05%; LOTN .05%; OINT .05%	1	
AMCINONIDE OINT .1%	3		DESOWEN CREA .05%	3	
<i>betamethasone dipropionate</i> (topical) CREA .05%; LOTN .05%; OINT .05%	1		<i>desoximetasone</i> (generic of TOPICORT) CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	1	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%	1		<i>diflorasone diacetate</i> CREA .05%	3	NDS
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1		<i>diflorasone diacetate</i> OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1		DIPROLENE OINT .05%	3	
BRYHALI LOTN .01%	3		DUOBRII LOT	3	NDS
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (generic of TACLONEX)	1	PA	ENSTILAR AER	3	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (generic of TACLONEX)	3	NDS PA	EPIFOAM AER 1%	3	
CAPEX SHAM .01%	3		<i>fluocinolone acetonide</i> CREA .01%	1	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1		<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1	
<i>fluocinonide</i> (generic of VANOS) CREA .1%	3	NDS
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>flurandrenolide</i> CREA .05%; LOTN .05%	1	
<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
<i>halcinonide</i> (generic of HALOG) CREA .1%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
HALOBETASOL PROPIONATE FOAM .05%	3	
HALOG CREA .1%; OINT .1%; SOLN .1%	3	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%	1	
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1%	1	
<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM) CREA .1%	1	
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	
KENALOG AERS .147mg/gm	3	
LEXETTE FOAM .05%	3	
LOCOID LOTN .1%	3	
LOCOID LIPOCREAM CREA .1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	3	NDS
SYNALAR CREA .025%; OINT .025%; SOLN .01%	3	
TACLONEX OIN	3	NDS PA
TACLONEX SUS	3	NDS PA
TEXACORT SOLN 2.5%	3	
TOPICORT CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%	3	
<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	
<i>triamcinolone acetonide</i> (<i>topical</i>) (generic of KENALOG) AERS .147mg/gm	1	
<i>triamcinolone acetonide</i> (<i>topical</i>) CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .05%, .1%, .5%	1	
<i>trianex</i> OINT .05%	1	
<i>triderm</i> CREA .1%, .5%	1	
ULTRAVATE LOTN .05%	3	NDS
VANOS CREA .1%	3	NDS
VERDESO FOAM .05%	3	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	PA
<i>lidocaine</i> OINT 5%	1	PA
<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
LIDODERM PTCH 5%	3	PA
PLIAGLIS CRE 7-7%	3	PA
QUTENZA KIT 8% 1-PCH	3	NDS NM LA
QUTENZA KIT 8% 2-PCH	3	NDS NM LA
QUTENZA KIT 8% 4-PCH	3	NDS NM LA
SYNERA DIS 70-70MG	3	PA
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%; OINT 5%	1	
ANUSOL-HC CREA 2.5%	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>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%	1	
CARAC CREA .5%	3	NDS
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	PA
<i>diclofenac sodium (topical)</i> (generic of PENNSAID) SOLN 2%	3	NDS PA
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5%	1	PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
EUCRISA OINT 2%	3	
FINACEA FOAM 15%; GEL 15%	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> CREA .5%	3	NDS
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NDS NM LA PA
<i>imiquimod</i> (generic of ZYCLARA) CREA 3.75%	3	NDS
<i>imiquimod</i> CREA 5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75%	3	NDS
<i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1%	1	
KLISYRI OINT 1%	3	NDS
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	
NORITATE CREA 1%	3	NDS
OPZELURA CREA 1.5%	3	NDS PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	3	NDS PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1%	1	
PENNSAID SOLN 2%	3	NDS PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5%	3	PA
QBREXZA PADS 2.4%	3	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
SOOLANTRA CREA 1%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
TOLAK CREA 4%	3	
VALCHLOR GEL .016%	3	NDS NM LA PA
XERESE CRE 5-1%	3	NDS
ZILXI FOAM 1.5%	3	
ZONALON CREA 5%	3	PA
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%	1	
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> CREA 5%	1	
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
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</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	1	

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<i>amlodipine besylate-</i>	<i>tab 5-20 mg</i>2414
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<i>oxacillin sodium</i>	14	MG/DOSE)	51	21000UNT	68
<i>oxaliplatin</i>	15	OZEMPIC (1MG/DOSE) .	51	PANCREAZE CAP	
<i>oxaprozin</i>	2	OZEMPIC (2MG/DOSE)		2600UNIT	68
OXAYDO.....	5	SOPN 8MG/3ML	51	PANCREAZE CAP 37000	
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<i>paromomycin sulfate</i>77	<i>tab 2-10 mg</i>35
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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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