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*SilverScript Employer PDP sponsored by Montgomery County
Public Schools (SilverScript)*

2023 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/30/2022. For more recent information or other questions, please contact Customer Care at 1-866-270-3817, 24 hours a day, 7 days a week. TTY users should call 711.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

Formulary ID Number: 23263

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, 2023. 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, 2024, and from time to time during the year.

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08/30/2022

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: Montgomery County Public Schools 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 Montgomery County Public Schools 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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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, 2023. 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 him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

Montgomery County Public Schools 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 34-day supply. If your prescription is written for fewer than 34 days, we'll allow refills to provide up to a maximum 34-day supply of medication. After your first 34-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 any 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	\$25.00	\$50.00	\$25.00
Tier 3: Non-Preferred Brand	\$35.00	\$70.00	\$35.00

Costs shown in the table above reflect the additional coverage that may be provided by Montgomery County Public Schools. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Montgomery County Public Schools would be covered under the 2023 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2023-Medicare-Part-D-Outlook.php> for more information about the 2023 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 1-866-270-3817, 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	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg		
GOUT			<i>etodolac</i> (generic of LODINE) TABS 400mg		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		FELDENE CAPS 10mg, 20mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>flurbiprofen</i> TABS 100mg	1	
ALOPRIM SOLR 500mg	3	NDS	<i>ibu</i> TABS 600mg, 800mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1		<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
COLCRYS TABS .6mg	3		<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>nabumetone</i> TABS 500mg, 750mg	1	
GLOPERBA SOLN .6mg/5ml	3		<i>naproxen</i> TABS 250mg, 375mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
MITIGARE CAPS .6mg	2		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen sodium</i> TABS 275mg	1	
ULORIC TABS 40mg, 80mg	3		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
ZYLOPRIM TABS 100mg, 300mg	3		<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
NSAIDS			<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
ARTHROTEC 50 TAB	3		<i>sulindac</i> TABS 150mg, 200mg	1	
ARTHROTEC 75 TAB	3		OPIOID ANALGESICS, LONG-ACTING		
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3		BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1		QL (60 buccal films / 30 days)		
DAYPRO TABS 600mg	3		BELBUCA FILM 750mcg, 900mcg	3	NDS QL PA
<i>diclofenac potassium</i> TABS 50mg	1		QL (60 buccal films / 30 days)		
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1				
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1				
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1				
<i>diflunisal</i> TABS 500mg	1				
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
METHADONE HCL SOLN 10mg/ml	3	
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	3	
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA	FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3		<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i> QL (240 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D	<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL	<i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA	<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
LAZANDA SOLN 100mcg/act, 400mcg/act QL (30 bottles / 30 days)	3	NDS QL PA	<i>oxycodone w/ acetaminophen</i> <i>tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D	<i>oxycodone w/ acetaminophen</i> <i>tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL	<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL	PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3		PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL	PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL	ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL	ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL	SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL	SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL	SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL	<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL			
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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
EMVERM CHEW 100mg	3	NDS
<i>ertapenem sodium</i> (generic of INVANZ) 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	

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>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	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	3	NDS
INVANZ SOLR 1gm	3	
<i>ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL PA
KIMYRSA SOLR 1200mg	3	NDS
KITABIS PAK NEBU 300mg/5ml	3	NDS NM LA PA
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml</i>	3	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml	3	NDS
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole (generic of FLAGYL) CAPS 375mg</i>	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	3	NDS
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI 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	
TRIMETHOPRIM TABS 100mg	2	
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	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg/5ml, 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	NDS
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 50mg, 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 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
<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
<i>ketconazole</i> TABS 200mg	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
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micafungin sodium</i> SOLR 50mg	3	NDS
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 100mg	3	NDS
NOXAFIL SOLN 300mg/16.7ml	3	NDS
NOXAFIL SUSP 40mg/ml; TBEC 100mg	3	NDS PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg	3	NDS PA
SPORANOX CAPS 100mg	3	
SPORANOX SOLN 10mg/ml	3	NDS
SPORANOX PULSEPAK CAPS 100mg	3	
<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	NDS PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
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
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA 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
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
<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

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>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml; 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
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
SUSTIVA CAPS 50mg	3	NM
SUSTIVA CAPS 200mg; TABS 600mg	3	NDS NM
<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
<i>zidovudine</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> <i>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-</i> <i>tenofovir df tab 600-200-300</i> <i>mg</i> (generic of ATRIPLA)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100-</i> <i>150 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133-</i> <i>200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167-</i> <i>250 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200-</i> <i>300 mg</i> (generic of TRUVADA)	3	NDS 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	NDS NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<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
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
PASER PACK 4gm	3	
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	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
<i>cidofovir SOLN 75mg/ml</i>	3	NDS
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
EPIVIR HBV SOLN 5mg/ml; TABS 100mg	3	NM
<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
HEPSERA TABS 10mg	3	NDS NM
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	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	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM	<i>cefixime (generic of SUPRAX)</i> 1 SUSR 200mg/5ml	1	
<i>rimantadine hydrochloride</i> TABS 100mg	1		CEFOTAN SOLR 1gm, 2gm	3	
SITAVIG TABS 50mg	3	NDS	<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3		CEFOXITIN INJ 1GM	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1		CEFOXITIN INJ 2GM	3	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS	<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1		<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
VALTREX TABS 1gm, 500mg	3		<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
VEMLIDY TABS 25mg	3	NDS NM	CEFTAZIDIME/ SOL D5W 1GM	3	
VOSEVI TAB	3	NDS NM PA	CEFTAZIDIME/ SOL D5W 2GM	3	
XOFLUZA TBPK 40mg, 80mg	3		<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
ZOVIRAX SUSP 200mg/5ml	3		<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
CEPHALOSPORINS			<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
AVYCAZ INJ 2-0.5GM	3	NDS	<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1		FETROJA SOLR 1gm	3	NDS
CEFACLOR ER TB12 500mg	3		FORTAZ SOLR 1gm, 2gm, 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		SUPRAX CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	3		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1		TEFLARO SOLR 400mg, 600mg	3	NDS
CEFAZOLIN SOLN 2GM/100ML-4%	3		ZERBAXA INJ 1.5GM	3	NDS
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1		ERYTHROMYCINS/MACROLIDES		
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3		<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1				
CEFEPIME/DEX INJ 1GM	3				
CEFEPIME/DEX INJ 2GM	3				
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS	<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
e.e.s. 400 TABS 400mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>erythrocin stearate</i> TABS 250mg	1		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS	<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		PENICILLINS		
ZITHROMAX TRI-PAK TABS 500mg	3		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
			<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
			<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>ampicillin CAPS 500mg</i>	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN TAB 500MG	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
BICILLIN C-R INJ 900/300	3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
BICILLIN C-R INJ 1200000	3		UNASYN INJ 1.5GM	3	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	3		UNASYN INJ 3GM	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1		UNASYN INJ 15GM	3	
NAFCILLIN INJ 1GM/50ML	3	NDS	ZOSYN SOL 2-0.25GM	3	
NAFCILLIN INJ 2GM/100	3	NDS	ZOSYN SOL 3-0.375G	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1		ZOSYN SOL 4-0.50GM	3	
<i>nafcillin sodium SOLR 10gm</i>	3	NDS	TETRACYCLINES		
OXACILLIN INJ 1GM	3		<i>demeclocycline hcl TABS 150mg, 300mg</i>	1	
			<i>doxy 100 SOLR 100mg</i>	1	
			<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	1	
MINOLIRA TB24 105mg, 135mg	3	
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
<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
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml; SYRP 50mg/5ml	3	
XERAVAL SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
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	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA
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 NM
VALSTAR SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
DACOGEN SOLR 50mg	3	NDS B/D NM
<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

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
FOLOTYN SOLN 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
INFUGEM SOL 1200MG	3	NDS B/D
INFUGEM SOL 1300MG	3	NDS B/D
INFUGEM SOL 1400MG	3	NDS B/D
INFUGEM SOL 1500MG	3	NDS B/D
INFUGEM SOL 1600MG	3	NDS B/D
INFUGEM SOL 1700MG	3	NDS B/D
INFUGEM SOL 1800MG	3	NDS B/D
INFUGEM SOL 1900MG	3	NDS B/D
INFUGEM SOL 2000MG	3	NDS B/D
INFUGEM SOL 2200MG	3	NDS B/D
INQOVI TAB 35-100MG	3	NDS NM LA PA
LONSURF TAB 15-6.14	3	NDS NM 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
TABLOID TABS 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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	3	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOLN 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	3	NDS B/D
<i>hydroxyprogesterone caproate</i> (antineoplastic) SOLN 1.25gm/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM LA PA
ORGOVYX TABS 120mg	3	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	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
ZYTIGA TABS 250mg, 500mg	3	NDS NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg, 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

Drug Name	Drug Requirements/ Tier	Limits
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
ONCASPAR SOLN 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
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCANTIN) 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 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM PA
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>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR 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
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA
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
BLENREP SOLR 100mg	3	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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	3	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA
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
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

Drug Name	Drug Requirements/ Tier	Limits
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA
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 LA 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; TABS 140mg, 280mg, 420mg, 560mg	3	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	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
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
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg	3	NDS NM PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA
LENVIMA CAP 14 MG	3	NDS NM LA PA
LENVIMA CAP 18 MG	3	NDS NM LA PA
LENVIMA CAP 24 MG	3	NDS NM LA PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
LUMAKRAS TABS 120mg	3	NDS NM LA PA
LUMOXITI SOLR 1mg	3	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg	3	NDS NM LA PA
MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	3	NDS NM LA PA
MEKTOVI TABS 15mg	3	NDS NM LA PA
MONJUVI SOLR 200mg	3	NDS NM LA PA

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
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
NERLYNX TABS 40mg	3	NDS NM LA PA
NEXAVAR TABS 200mg	3	NDS NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
ODOMZO CAPS 200mg	3	NDS NM LA PA
OGIVRI SOLR 150mg	3	NDS NM LA PA
OGIVRI INJ 420MG	3	NDS NM LA PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
OPDUALAG SOL	3	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM LA PA
PHESGO SOL	3	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA
QINLOCK TABS 50mg	3	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA PA
RYBREVENT 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
SCEMBLIX 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	3	NDS NM LA PA
TAGRISSE TABS 40mg, 80mg	3	NDS NM LA PA
TALZENNA CAPS .25mg, .5mg, .75mg, 1mg	3	NDS NM LA PA
TARCEVA TABS 25mg, 100mg, 150mg	3	NDS NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
TAZVERIK TABS 200mg	3	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
<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

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Drug Name	Drug Requirements/ Tier	Limits
TRODELVY SOLR 180mg	3	NDS NM LA PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	3	NDS NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	3	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
TURALIO CAPS 200mg	3	NDS NM LA PA
TYKERB TABS 250mg	3	NDS NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VELCADE SOLR 3.5mg	3	NDS NM PA
VENCLEXTA TABS 10mg	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
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

Drug Name	Drug Requirements/ Tier	Limits
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	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

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml	1	B/D NM
<i>levoleucovorin calcium</i> SOLR 50mg	3	NDS B/D NM
MESNEX TABS 400mg	3	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	1	<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	1	LOTREL CAP 5-10MG	3
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	1	LOTREL CAP 5-20MG	3
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	1	LOTREL CAP 10-20MG	3
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	1	LOTREL CAP 10-40MG	3
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	1	<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	1	<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	VASERETIC TAB 10-25MG	3
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	ZESTORETIC TAB 10-12.5	3
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	ZESTORETIC TAB 20-12.5	3
		ZESTORETIC TAB 20-25MG	3
		ACE INHIBITORS	
		ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	3
		ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3
		<i>benazepril hcl</i> TABS 5mg	1
		<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1
		<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1
		<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1
		<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1
		<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	1	
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>epplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	
ATACAND HCT TAB 16-12.5	3	
ATACAND HCT TAB 32-12.5	3	
ATACAND HCT TAB 32-25MG	3	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)	1	

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-amlodipine tab 80-10 mg</i>	1		COZAAR TABS 25mg, 50mg, 100mg	3	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	1		DIOVAN TABS 40mg, 80mg, 160mg, 320mg	3	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	1		EDARBI TABS 40mg, 80mg	3	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	1		<i>irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3		<i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i>	1	
TRIBENZOR40- TAB 5-12.5MG	3		MICARDIS TABS 20mg, 40mg, 80mg	3	
TRIBENZOR40- TAB 5-25MG	3		<i>olmesartan medoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg</i>	1	
TRIBENZOR40- TAB 10-12.5	3		<i>telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg</i>	1	
TRIBENZOR40- TAB 10-25MG	3		<i>valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	1		ANTIARRHYTHMICS		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	1		<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	1		<i>disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	1		<i>dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	1		<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			MULTAQ TABS 400mg	3	
ATACAND TABS 4mg, 8mg, 16mg, 32mg	3		NORPACE CAPS 100mg, 150mg	3	
AVAPRO TABS 75mg, 150mg, 300mg	3		NORPACE CR CP12 100mg, 150mg	3	
BENICAR TABS 5mg, 20mg, 40mg	3		<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg</i>	1		<i>propafenone hcl (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg</i>	1	
			<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	1	
			<i>quinidine sulfate TABS 200mg, 300mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
RYTHMOL SR CP12 225mg	3	
RYTHMOL SR CP12 325mg, 425mg	3	NDS
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3	
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
LESCOL XL TB24 80mg	3	
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	
LIVALO TABS 1mg, 2mg, 4mg	3	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 5mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg	3	
ZYPITAMAG TABS 2mg, 4mg	3	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
EZETIMIBE/ROSUVASTATIN TAB 10-5MG	3	
EZETIMIBE/ROSUVASTATIN TAB 10-10MG	3	
EZETIMIBE/ROSUVASTATIN TAB 10-20MG	3	
EZETIMIBE/ROSUVASTATIN TAB 10-40MG	3	
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> TBCR 500mg, 750mg	1	
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 1000mg	1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
<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	
ROSZET TAB 5-10MG	3	
ROSZET TAB 10-10MG	3	
ROSZET TAB 20-10MG	3	
ROSZET TAB 40-10MG	3	
VASCEPA CAPS .5gm, 1gm	3	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	

Drug Name	Drug Requirements/ Tier	Limits
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
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> (generic of ZIAC)	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	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	
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	

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>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, 80mg	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	
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, 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	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CALAN SR TBCR 120mg, 180mg, 240mg	3	
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	
<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 coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		ALDACTAZIDE TAB 25/25	3	
NICARDIPINE SOL 20/200ML	3		ALDACTAZIDE TAB 50/50	3	
NICARDIPINE SOL 40/200ML	3		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>amiloride hcl</i> TABS 5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		DIURIL SUSP 250mg/5ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3		EDECIN TABS 25mg	3	NDS
NYMALIZE SOLN 6mg/ml	3	NDS	<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3		<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	1	
SULAR TB24 8.5mg, 17mg, 34mg	3	NDS	<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1		KEVEYIS TABS 50mg	3	NDS NM LA PA
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1		LASIX TABS 20mg, 40mg, 80mg	3	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1		MAXZIDE TAB 75-50	3	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3		MAXZIDE-25 TAB	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3		<i>methazolamide</i> TABS 25mg, 50mg	1	
DIURETICS			<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1		SOANZ TABS 20mg, 40mg, 60mg	3	
			<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	1	
			THALITONE TABS 15mg	3	
			<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1		CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1		DEMSEER CAPS 250mg	3	NDS
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1		DIBENZYLIN CAPS 10mg	3	NDS
			<i>digox (generic of LANOXIN) TABS 125mcg, 250mcg</i>	1	
			<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>guanfacine hcl TABS 1mg, 2mg</i>	2	
			<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
			<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	1	
			LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
			LANOXIN PEDIATRIC SOLN .1mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metirosine</i> 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
RANEXA TB12 500mg, 1000mg	3	
<i>ranolazine</i> (generic of RANEXA) 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	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .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	

Drug Name	Drug Requirements/ Tier	Limits
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>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA 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
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
TRACLEER TBSO 32mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA	BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS
TYVASO SOLN .6mg/ml	3	NDS NM LA PA	BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA	BRIVIACT SOLN 50mg/5ml	3	
UPTRAVI TAB 200/800	3	NDS NM LA PA	<i>carbamazepine</i> CHEW 100mg	1	
VELETTRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA	<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM LA PA	<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
CENTRAL NERVOUS SYSTEM			<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
ANTIANXIETY			CARBATROL CP12 100mg, 200mg, 300mg	3	
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1		CELONTIN CAPS 300mg	3	
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1		<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3		<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1	
ATIVAN SOLN 2mg/ml, 4mg/ml	3		<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
ATIVAN TABS .5mg, 1mg, 2mg	3	NDS	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1		DEPAKOTE ER TB24 250mg, 500mg	3	
<i>lorazepam</i> CONC 2mg/ml	1		DEPAKOTE SPRINKLES CSDR 125mg	3	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1		DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM LA PA
<i>lorazepam intensol</i> CONC 2mg/ml	1		DIASTAT ACUDIAL GEL 10mg, 20mg	3	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3		DIASTAT PEDIATRIC GEL 2.5mg	3	
XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	3		<i>diazepam</i> CONC 5mg/ml; SOLN 5mg/5ml	1	
ANTICONVULSANTS			<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1		GABITRIL TABS 2mg, 4mg, 12mg, 16mg	3	NDS
<i>diazepam inj</i> SOLN 5mg/ml	1		KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
DILANTIN CAPS 30mg, 100mg	3		KEPPRA TABS 250mg	3	
DILANTIN INFATABS CHEW 50mg	3		KEPPRA XR TB24 500mg, 750mg	3	NDS
DILANTIN-125 SUSP 125mg/5ml	3		KLONOPIN TABS .5mg, 1mg, 2mg	3	
<i>divalproex sodium (generic of</i> DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>lacosamide (generic of</i> VIMPAT) SOLN 200mg/20ml	3	NDS
<i>divalproex sodium (generic of</i> DEPAKOTE ER) TB24 250mg, 500mg	1		<i>lacosamide (generic of</i> VIMPAT) TABS 50mg, 100mg, 150mg, 200mg	1	
<i>divalproex sodium (generic of</i> DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		<i>lacosamide oral (generic of</i> VIMPAT) SOLN 10mg/ml	1	
EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA PA	LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS
<i>epitol (generic of TEGRETOL)</i> TABs 200mg	1		LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS
EPRONTIA SOLN 25mg/ml	3		LAMICTAL ODT TDBP 25mg, 50mg, 100mg, 200mg	3	NDS
<i>ethosuximide</i> CAPS 250mg	1		LAMICTAL ODT KIT BLUE	3	
<i>ethosuximide (generic of</i> ZARONTIN) SOLN 250mg/5ml	1		LAMICTAL ODT KIT GREEN	3	
<i>felbamate (generic of</i> FELBATOL) SUSP 600mg/5ml	3	NDS	LAMICTAL ODT KIT ORANGE	3	
<i>felbamate (generic of</i> FELBATOL) TABS 400mg, 600mg	1		LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS	LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
FINTEPLA SOLN 2.2mg/ml	3	NDS NM LA PA	LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
FYCOMPA SUSP .5mg/ml; TABs 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS	LAMICTAL XR TB24 25mg	3	
FYCOMPA TABS 2mg	3		LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS
<i>gabapentin (generic of</i> NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1		LAMICTAL XR KIT	3	
			<i>lamotrigine (generic of</i> LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
			<i>lamotrigine (generic of</i> LAMICTAL STARTER/TAKING V) KIT 25mg	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>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	MYSOLINE TABS 50mg, 250mg	3 NDS
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	NAYZILAM SOLN 5mg/0.1ml	3
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	NEURONTIN CAPS 100mg, 300mg, 400mg	3
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	NEURONTIN SOLN 250mg/5ml; TABS 600mg, 800mg	3 NDS
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3 NDS
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1
LEVETIRACETA INJ 5MG/ML	3	OXTELLAR XR TB24 150mg, 300mg	3
LEVETIRACETA INJ 10MG/ML	3	OXTELLAR XR TB24 600mg	3 NDS
LEVETIRACETA INJ 15MG/ML	3	<i>phenobarbital</i> ELIX 20mg/5ml	3
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	PHENYTEK CAPS 200mg, 300mg	3
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3	<i>phenytoin sodium</i> SOLN 50mg/ml	1
		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1
		<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1
		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1
		<i>primidone</i> (generic of MYZOLINE) TABS 50mg, 250mg	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1	
SABRIL PACK 500mg; TABS 500mg	3	NDS NM LA PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg	3	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 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	3	NDS NM LA PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	3	NDS
VIMPAT TABS 50mg	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	NDS
XCOPRI PAK 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	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ANTIDEMENTIA		
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	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1		<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	1	PA	CELEXA TABS 10mg, 20mg, 40mg	3	
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
NAMENDA TABS 5mg, 10mg PA if < 30 yrs	3	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
NAMENDA TAB 5-10MG PA if < 30 yrs	3	PA	CYMBALTA CPEP 20mg, 30mg, 60mg	3	
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	3	PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
NAMZARIC CAP 7-10MG	3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
NAMZARIC CAP 14-10MG	3		DESVENLAFAXINE ER TB24 50mg, 100mg	3	
NAMZARIC CAP 21-10MG	3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
NAMZARIC CAP 28-10MG	3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
NAMZARIC CAP PACK	3		<i>doxepin hcl</i> CAPS 150mg	3	
RAZADYNE ER CP24 8mg, 16mg, 24mg	3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1		<i>duloxetine hcl</i> CPEP 40mg	1	
ANTIDEPRESSANTS			EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		PAXIL SUSP 10mg/5ml	3	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3		<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	
FETZIMA CAP TITRATIO	3		<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		PEXEVA TABS 10mg, 20mg, 30mg, 40mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
MARPLAN TABS 10mg	3		PRISTIQ TB24 25mg, 50mg, 100mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		PROZAC CAPS 10mg, 20mg	3	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1		PROZAC CAPS 40mg	3	NDS
NARDIL TABS 15mg	3		REMERON TABS 15mg, 30mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	
NORPRAMIN TABS 10mg, 25mg	3		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		SPRAVATO SOL 56MG DOS	3	NDS NM LA PA
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		SPRAVATO SOL 84MG DOS	3	NDS NM LA PA
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
PARNATE TABS 10mg	3	NDS	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3		<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		TRINTELLIX TABS 5mg, 10mg, 20mg	3	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	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	1	
			VIIBRYD TABS 10mg, 20mg, 40mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
VIIBRYD KIT STARTER	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	3	NDS
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM 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	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1		<i>aripiprazole</i> TBDP 10mg, 15mg	3	NDS
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS
RYTARY CAP 95MG	3		ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
RYTARY CAP 145MG	3		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
RYTARY CAP 195MG	3		CAPLYTA CAPS 42mg	3	NDS
RYTARY CAP 245MG	3		<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1		CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	3	
SINEMET TAB 10-100MG	3		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
SINEMET TAB 25-100MG	3		<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg	1	
STALEVO 50 TAB	3		<i>clozapine</i> TBDP 200mg	3	NDS
STALEVO 75 TAB	3	NDS	CLOZARIL TABS 25mg, 50mg	3	
STALEVO 100 TAB	3	NDS	CLOZARIL TABS 100mg, 200mg	3	NDS
STALEVO 125 TAB	3	NDS	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
STALEVO 150 TAB	3	NDS	FANAPT PAK	3	
STALEVO 200 TAB	3	NDS	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2		<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
XADAGO TABS 50mg, 100mg	3	NDS	GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS	GEODON SOLR 20mg	3	
ANTIPSYCHOTICS			HALDOL DECANOATE 50 SOLN 50mg/ml	3	
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	HALDOL DECANOATE 100 SOLN 100mg/ml	3	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS			
ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS			
ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS			
<i>aripiprazole</i> SOLN 1mg/ml	1				
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1		REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	NDS
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1		RISPERDAL SOLN 1mg/ml; TABs 4mg	3	NDS
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1		RISPERDAL TABS .5mg, 1mg, 2mg, 3mg	3	
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	3	NDS	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABs .5mg, 1mg, 2mg, 3mg, 4mg	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml	3		<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS	SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	NDS	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		SEROQUEL TABS 400mg	3	NDS
NUPLAZID CAPS 34mg; TABs 10mg	3	NDS NM LA PA	SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg, 400mg	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1		<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1		<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg	1		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1		VERSACLOZ SUSP 50mg/ml	3	NDS
PERSERIS PRSY 90mg, 120mg	3	NDS	VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
<i>pimozide</i> TABS 1mg, 2mg	1		VRAYLAR CAP 1.5-3MG	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	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
			ZYPREXA RELPREVV SUSR 210mg	3	NM
			ZYPREXA RELPREVV SUSR 300mg, 405mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA ZYDIS TBDP 5mg, 10mg	3	
ZYPREXA ZYDIS TBDP 15mg, 20mg	3	NDS
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	
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 (generic of ADDERALL XR)</i>	1	
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	1	
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	1	
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	1	
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	1	
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	1	
<i>amphetamine- dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	1	
<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	
AZSTARYS CAP 26.1-5.2	3	
AZSTARYS CAP 39.2-7.8	3	
AZSTARYS CAP 52.3-10.	3	
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3	
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	
DEXEDRINE CP24 10mg, 15mg	3	NDS
<i>dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	
<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg</i>	1	
<i>dextroamphetamine sulfate CP24 5mg; TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg, 15mg	1	QELBREE CP24 100mg, 150mg, 200mg	3
DYANAVEL XR SUER 2.5mg/ml	3	QUILLICHEW ER CHER 20mg, 30mg, 40mg	3
FOCALIN TABS 2.5mg, 5mg, 10mg	3	QUILLIVANT XR SRER 25mg/5ml	3
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	RELEXXII TBCR 72mg	3
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2	RITALIN TABS 5mg, 10mg, 20mg	3
INTUNIV TB24 1mg, 2mg, 3mg, 4mg	3	RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3
<i>metadate er</i> TBCR 20mg	1	VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3
METHYLIN SOLN 5mg/5ml, 10mg/5ml	3	<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	HYPNOTICS	
<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	AMBIEN TABS 5mg, 10mg	3
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1	AMBIEN CR TBCR 6.25mg, 12.5mg	3
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	DAYVIGO TABS 5mg, 10mg	3
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1
METHYLPHENIDATE HYDROCHLO TBCR 72mg	3	EDLUAR SUBL 5mg, 10mg	3
MYDAYIS CAP 12.5MG	3	<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3
MYDAYIS CAP 25MG	3	HALCION TABS .25mg	3
MYDAYIS CAP 37.5MG	3	HETLIOZ CAPS 20mg	3 NDS NM LA PA
MYDAYIS CAP 50MG	3	HETLIOZ LQ SUSP 4mg/ml	3 NDS NM LA PA
		LUNESTA TABS 1mg, 2mg, 3mg	3
		QUVIVIQ TABS 25mg, 50mg	3
		<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1
		RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	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
SILENOR TABS 3mg, 6mg	3	
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 30mg	1	
<i>temazepam</i> (generic of RESTORIL) CAPS 22.5mg	3	
<i>triazolam</i> (generic of HALCION) TABS .25mg	2	
<i>triazolam</i> TABS .125mg	2	
<i>zaleplon</i> CAPS 5mg, 10mg	2	
<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
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1	
AMERGE TABS 1mg, 2.5mg	3	
<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	
<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>naratriptan hcl</i> TABS 1mg, 2.5mg	1	
NURTEC TBDP 75mg	2	

Drug Name	Drug Requirements/ Tier	Limits
RELPAX TABS 20mg	3	
RELPAX TABS 40mg	3	NDS
<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	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg; TABS 2.5mg, 5mg	1	
<i>zolmitriptan</i> TBDP 2.5mg, 5mg	1	
ZOMIG SOLN 2.5mg, 5mg	3	
ZOMIG TABS 2.5mg, 5mg	3	NDS
MISCELLANEOUS		
AUSTEDO TABS 6mg, 9mg, 12mg	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, 600mg	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 60mg, 80mg	3	NDS NM LA PA
INGREZZA CAP 40-80MG	3	NDS NM LA PA
<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>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
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	
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM LA

Drug Name	Drug Requirements/ Tier	Limits
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
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
GILENYA CAPS .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
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM LA PA
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

Drug Name	Drug Requirements/ Tier	Limits
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
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> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg	2	
<i>cyclobenzaprine hcl</i> TABS 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
<i>metaxalone</i> (generic of SKELAXIN) TABS 800mg	3	
<i>methocarbamol</i> TABS 500mg, 750mg	2	

Drug Name	Drug Requirements/ Tier	Limits
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
SOMA TABS 350mg	3	NDS
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (generic of SOMA) TABS 350mg	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
<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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<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> (generic of NARCAN) LIQD 4mg/0.1ml	1	
<i>naloxone hcl</i> 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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	1	
VIVITROL SUSR 380mg	3	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
ANDROGEL GEL 20.25mg/1.25gm, 40.5mg/2.5gm	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED SOLN 750mg/3ml	3	NM LA PA
DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	PA
FORTESTA GEL 10mg/act	3	PA
JATENZO CAPS 158mg, 198mg	3	PA
JATENZO CAPS 237mg	3	NDS PA
NATESTO GEL 5.5mg/act	3	PA
<i>oxandrolone</i> TABS 2.5mg, 10mg	1	PA
TESTIM GEL 1%	3	PA
<i>testosterone</i> GEL 1%; SOLN 30mg/act	1	PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
<i>testosterone</i> (generic of ANDROGEL) GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone cypionate</i> (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA	GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	3	
<i>testosterone enanthate</i> SOLN	1	PA	GLYXAMBI TAB 10-5 MG	2	
200mg/ml			GLYXAMBI TAB 25-5 MG	2	
TLANDO CAPS 112.5mg	3	PA	JANUMET TAB 50-500MG	2	
VOGELXO GEL 50mg/5gm	3	PA	JANUMET TAB 50-1000	2	
VOGELXO PUMP GEL 1%	3	PA	JANUMET XR TAB 50- 500MG	2	
XYOSTED SOAJ	3	PA	JANUMET XR TAB 50-1000	2	
50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml			JANUMET XR TAB 100-1000	2	
ANTIDIABETICS			JANUVIA TABS 25mg, 50mg, 100mg	2	
<i>acarbose</i> (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1		JARDIANCE TABS 10mg, 25mg	2	
ACTOPLUS MET TAB 15- 850MG	3		JENTADUETO TAB 2.5-500	2	
ACTOS TABS 15mg, 30mg, 45mg	3		JENTADUETO TAB 2.5-850	2	
AMARYL TABS 1mg, 2mg, 4mg	3		JENTADUETO TAB 2.5-1000	2	
BYDUREON BCISE AUIJ	2	QL	JENTADUETO TAB XR 2.5- 1000MG	2	
2mg/0.85ml			JENTADUETO TAB XR 5- 1000MG	2	
QL (4 pens / 28 days)			<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1	
BYETTA SOPN	3	QL	<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
5mcg/0.02ml, 10mcg/0.04ml			<i>metformin hcl</i> TB24 500mg, 750mg	1	
QL (1 pen / 30 days)			(generic of GLUCOPHAGE XR)		
DUETACT TAB 30-2MG	3		<i>migliol</i> TABS 25mg, 50mg, 100mg	1	
DUETACT TAB 30-4MG	3		<i>nateglinide</i> TABS 60mg, 120mg	1	
FARXIGA TABS 5mg, 10mg	2		OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg, 4mg	1		QL (1 pen / 28 days)		
<i>glipizide</i> TABS 5mg, 10mg	1		OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1		QL (1 pen / 28 days)		
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1		OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1		QL (1 pen / 28 days)		
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1		<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
<i>glipizide-metformin hcl tab</i> 5- 500 mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-glimepiride</i> tab 30-2 mg (generic of DUETACT)	1		VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
<i>pioglitazone hcl-glimepiride</i> tab 30-4 mg (generic of DUETACT)	1		XIGDUO XR TAB 2.5-1000	2	
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg (generic of ACTOPLUS MET)	1		XIGDUO XR TAB 5-500MG	2	
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg (generic of ACTOPLUS MET)	1		XIGDUO XR TAB 5-1000MG	2	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1		XIGDUO XR TAB 10-500MG	2	
RIOMET SOLN 500mg/5ml	3		XIGDUO XR TAB 10-1000	2	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	BD ALCOHOL SWABS	2	
SYNJARDY TAB 5-500MG	2		FIASP FLEX INJ TOUCH	2	
SYNJARDY TAB 5-1000MG	2		FIASP INJ 100/ML	2	
SYNJARDY TAB 12.5-500	2		FIASP PENFIL INJ U-100	2	
SYNJARDY TAB 12.5-1000MG	2		GAUZE PADS 2X2	2	
SYNJARDY XR TAB 5-1000MG	2		HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D
SYNJARDY XR TAB 10-1000	2		HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
SYNJARDY XR TAB 12.5-1000MG	2		INSULIN PEN NEEDLES: BD/NOVO	2	
SYNJARDY XR TAB 25-1000	2		INSULIN SAFETY NEEDLES	2	
TRADJENTA TABS 5mg	2		INSULIN SYRINGES: BD	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2		LANTUS SOLN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2		LANTUS SOLOSTAR SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2		LEVEMIR SOLN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2		LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	2	
			NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
			NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
			NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier Limits
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2
OMNIPOD 5 G6 KIT INTRO	3
OMNIPOD 5 G6 MIS PODS	3
OMNIPOD DASH KIT INTRO	3
OMNIPOD DASH MIS PODS	3
OMNIPOD MIS CLASSIC	3
OMNIPOD PDM KIT CLASSIC	3
SOLIQUA 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
V-GO 30 KIT	3
V-GO 40 KIT	3
XULTOPHY INJ 100/3.6	2

Drug Name	Drug Requirements/ Tier Limits
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) 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
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3 NDS NM 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
TYMLOS SOPN 3120mcg/1.56ml	3 NDS NM PA
XGEVA SOLN 120mg/1.7ml	3 NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1 B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3 B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1 B/D NM

Drug Name	Drug Requirements/ Tier	Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
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	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM
<i>trientine hcl</i> CAPS 250mg	3	NDS NM
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i> (generic of SEASONIQUE)	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i> (generic of MIRCETTE)	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i> (generic of SEASONIQUE)	1	
<i>camrese lo</i> (generic of LOSEASONIQUE)	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i> (generic of SEASONIQUE)	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	

Drug Name	Drug Requirements/ Tier Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>elinest</i>	1
ELLA TABS 30mg	2
<i>eluryng</i> (generic of NUVARING)	1
<i>emoquette</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>femynor</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
GENERESS FE CHW	3
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i> (generic of GENERESS FE)	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>larissia</i>	1
<i>layolis fe</i> (generic of GENERESS FE)	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> (generic of QUARTETTE)	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1

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

Drug Name	Drug Requirements/ Tier Limits
SAFYRAL TAB	3
SEASONIQUE TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i> (generic of MIRCETTE)	1
<i>simpesse</i> (generic of SEASONIQUE)	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
<i>taysofy</i> (generic of TAYTULLA)	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> (generic of MIRCETTE)	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
ESTROGENS	
ACTIVELLA TAB 1-0.5MG	3
<i>amabelz</i>	2
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	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> 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 VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	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>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	2	
<i>estradiol vaginal (generic of ESTRACE) CREA .1mg/gm</i>	1	
<i>estradiol vaginal (generic of VAGIFEM) TABS 10mcg</i>	1	
<i>estradiol valerate (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml</i>	1	
ESTRING RING 2mg	3	
ESTROGEL GEL .06%	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 (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	
MENEST TABS .3mg, .625mg, 1.25mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey (generic of ACTIVELLA)</i>	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	

Drug Name	Drug Requirements/ Tier	Limits
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 (generic of VAGIFEM) TABS 10mcg</i>	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 (generic of CELESTONE SOLUSPAN)</i>	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
HEMADY TABS 20mg	3	
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	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

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
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
TARPEYO CPDR 4mg	3	NDS NM LA PA
<i>triamcinolone acetonide</i> SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
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
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
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</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA PA
CARNITOR SOLN 200mg/ml	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</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg	3	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN 4mcg/ml; TABS .1mg, .2mg	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM LA PA
EGRIFTA SV SOLR 2mg	3	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA
ELELYSO SOLR 200unit	3	NDS NM 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
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA
JYNARQUE PAK 30-15MG	3	NDS NM LA PA
JYNARQUE PAK 45-15MG	3	NDS NM LA PA
JYNARQUE PAK 60-30MG	3	NDS NM LA PA
JYNARQUE PAK 90-30MG	3	NDS NM LA PA
KANUMA SOLN 20mg/10ml	3	NDS NM LA PA
KORLYM TABS 300mg	3	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<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
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA
NORDITROPIN FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM 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
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
raloxifene hcl (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
RECORLEV TABS 150mg	3	NDS NM LA PA
REVCОВI SOLN 2.4mg/1.5ml	3	NDS NM LA PA
SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SENSIPAR TABS 30mg, 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

Drug Name	Drug Requirements/ Tier	Limits
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM 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
tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
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
VPRIV SOLR 400unit	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		
calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	1	
PHOSLYRA SOLN 667mg/5ml	3	
RENAGEL TABS 800mg	3	NDS
REVELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS
sevelamer carbonate (generic of RENVELA) PACK .8gm, 2.4gm	3	NDS
sevelamer carbonate (generic of RENVELA) TABS 800mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sevelamer hcl</i> TABS 400mg	1		<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1		<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
VELPHORO CHEW 500mg	3	NDS	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
PROGESTINS			<i>methimazole</i> TABS 5mg, 10mg	1	
AYGESTIN TABS 5mg	3		<i>propylthiouracil</i> TABS 50mg	1	
CRINONE GEL 4%, 8%	3	PA	SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1		THYQUIDITY SOLN 100mcg/5ml	3	
<i>megestrol acetate</i> SUSP 40mg/ml	2		TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>megestrol acetate</i> (appetite) SUSP 625mg/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>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	1		<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1				
PROMETRIUM CAPS 100mg, 200mg	3				
PROVERA TABS 2.5mg, 5mg, 10mg	3				
THYROID AGENTS					
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3				
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	1				

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

Drug Name	Drug Requirements/ Tier	Limits
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
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	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
CANASA SUPP 1000mg	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> (generic of PENTASA) CPCR 500mg	3	NDS
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
<i>mesalamine</i> ENEM 4gm; TBEC 800mg	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	
ORTIKOS CP24 6mg, 9mg	3	NDS
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	

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>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	3	NDS
LAXATIVES		
CLENPIQ SOL	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg	3	NDS
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	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	
MOVANTIK TABS 12.5mg, 25mg	2	
OICALIVA TABS 5mg, 10mg	3	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM LA
<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
XERMELO TABS 250mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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 25000	3	
ZENPEP CAP 40000	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	3	
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	
<i>lansoprazole</i> CPDR 15mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lansoprazole</i> (generic of PREVACID) CPDR 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>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	
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> 0.5-0.4 mg (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	
JALYN CAP	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	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	NDS
INTRAROSA INST 6.5mg	3	PA
<i>neomycin-polymyxin b gu irrigation soln</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA TABS 100mg	3	NDS NM LA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
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	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	
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</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	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	
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS	XARELTO STAR TAB 15/20MG	2	
FRAGMIN SOSY 2500unit/0.2ml	3		HEMATOPOIETIC GROWTH FACTORS		
HEP SOD/DEXT INJ 25000UNT	3		ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
HEP SOD/NAACL INJ 25000UNT	2		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
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	LEUKINE SOLR 250mcg	3	NDS NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA
<i>heparin sodium (porcine) 100</i> <i>unit/ml in d5w</i>	1		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 20000</i> <i>unit/500ml-5%</i>	1		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 25000</i> <i>unit/500ml-5%</i>	1		PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
HEPARIN/NAACL INJ 25000UNT	2		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA
LOVENOX SOLN 300mg/3ml	3		MISCELLANEOUS		
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS	ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
PRADAXA CAPS 75mg, 110mg, 150mg	3		AGRYLIN CAPS .5mg	3	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		<i>anagrelide hcl</i> CAPS 1mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2		<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

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Drug Name	Drug Requirements/ Tier	Limits
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
FIRAZYR SOLN 30mg/3ml	3	NDS NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 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 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) SOLN 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 300mg/2ml	3	NDS NM LA PA
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA PA
TAVNEOS CAPS 10mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA
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		
ADBRY SOSY 150mg/ml	3	NDS NM LA PA
AVSOLA SOLR 100mg	3	NDS NM LA PA
CIBINQO TABS 50mg, 100mg, 200mg	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
ENBREL SOLN 25mg/0.5ml; SOLR 25mg; 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

Drug Name	Drug Requirements/ Tier	Limits
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
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM PA
OTEZLA TABS 30mg	3	NDS NM PA
OTEZLA TAB 10/20/30	3	NDS NM PA
RENFLEXIS SOLR 100mg	3	NDS NM LA PA
RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
SKYRIZI SOSY 150mg/ml	3	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml	3	NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA 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
HYDROXYCHLOROQUINE SULFAT TABS 100mg, 300mg, 400mg	3	
<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	

Drug Name	Drug Requirements/ Tier	Limits
PLAQUENIL TABS 200mg	3	
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
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

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Drug Name	Drug Requirements/ Tier	Limits
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, 25gm/500ml, 30gm/300ml	3	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA
ARCALYST SOLR 220mg	3	NDS NM LA PA
GRASTEK SUBL 2800bau	3	
ILARIS SOLN 150mg/ml	3	NDS NM LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	3	NDS B/D NM LA
ODACTRA SUB	3	
ORALAIR SUB 300 IR	3	NM LA
RAGWITEK SUBL 12amba1-u	3	
VYVGART SOLN 400mg/20ml	3	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	3	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
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
ENVARBUS XR TB24 4mg	3	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
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
<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		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE SOLR 50mg	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DENGVAXIA SUS	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	MG SO4/D5W INJ 10MG/ML	2
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	PLASMA-LYTE INJ -148	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	PLASMA-LYTE INJ -A	3
ISOLYTE-P INJ /D5W	3	<i>potassium chloride SOLN 2meq/ml</i>	1
ISOLYTE-S INJ	3	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
ISOLYTE-S INJ PH 7.4	3	<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	TPN ELECTROL INJ	3 B/D
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	K-TAB TBCR 10meq, 20meq	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	<i>klor-con PACK 20meq</i>	1
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	3	<i>klor-con 8 TBCR 8meq</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>klor-con 10 TBCR 10meq</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	<i>klor-con m10 TBCR 10meq</i>	1
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3	<i>klor-con m15 TBCR 15meq</i>	1
KCL/D5W/LACT INJ 20MEQ/L	3	<i>klor-con m20 TBCR 20meq</i>	1
KCL/D5W/NACL INJ 0.3/0.9%	3	M-NATAL PLUS TAB	2
<i>lactated ringer's solution</i>	1	<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2	<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
<i>magnesium sulfate SOLN 50%</i>	2	PRENATAL TAB 27-1MG	2
		PRENATAL TAB PLUS	2
		PRENATAL VIT TAB LOW IRON	2

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Drug Name	Drug Requirements/ Tier	Limits
<i>sodium fluoride chew; tab; 1.1 (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 SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
FREAMINE III INJ 10%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
<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% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) 500unit/gm</i>	OINT	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) 5mg/gm</i>	OINT	1
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) .5%</i>	SOLN	1
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<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) (generic of OCUFLOX) SOLN .3%</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1
<i>tobramycin (ophth) SOLN .3%</i>	1
TOBEX OINT .3%	3
<i>trifluridine SOLN 1%</i>	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) SOLN .09%</i>	1
BROMSITE SOLN .075%	3
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1
<i>diclofenac sodium (ophth) SOLN .1%</i>	1
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1
DUREZOL EMUL .05%	3
FLAREX SUSP .1%	3
<i>fluorometholone (ophth) SUSP .1%</i>	1
<i>flurbiprofen sodium SOLN .03%</i>	1
FML OINT .1%	3
FML FORTE SUSP .25%	3
ILEVRO SUSP .3%	2
INVELTYS SUSP 1%	3
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1
LOTEMAX GEL .5%; SUSP .5%	3
LOTEMAX OINT .5%	2
LOTEMAX SM GEL .38%	3

Drug Name	Drug Requirements/ Tier Limits
<i>loteprednol etabonate (generic of LOTE MAX) GEL .5%; SUSP .5%</i>	1
MAXIDEX SUSP .1%	3
NEVANAC SUSP .1%	3
PRED MILD SUSP .12%	3
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	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	
<i>azelastine hcl (ophth) SOLN .05%</i>	1
<i>bepotastine besilate (generic of BEPREVE) SOLN 1.5%</i>	1
BEPREVE SOLN 1.5%	3
<i>cromolyn sodium (ophth) SOLN 4%</i>	1
<i>epinastine hcl (ophth) SOLN .05%</i>	1
<i>olopatadine hcl SOLN .1%, .2%</i>	1
ZERVIATE SOLN .24%	3
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%	2
ALPHAGAN P SOLN .15%	3
AZOPT SUSP 1%	3
<i>betaxolol hcl (ophth) SOLN .5%</i>	1
BETIMOL SOLN .25%, .5%	3
BETOPTIC-S SUSP .25%	2
<i>brimonidine tartrate SOLN .2%</i>	1
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%</i>	1
<i>brinzolamide (generic of AZOPT) SUSP 1%</i>	1
<i>carteolol hcl (ophth) SOLN 1%</i>	1
COMBIGAN SOL 0.2/0.5%	2
COSOPT PF SOL 2%-0.5%	3

Drug Name	Drug Requirements/ Tier Limits
COSOPT SOL 22.3-6.8	3
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	1
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1
ISOPTO CARPINE SOLN 1%, 2%	3
ISTALOL SOLN .5%	3
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1
<i>levobunolol hcl</i> SOLN .5%	1
LUMIGAN SOLN .01%	2
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1
RHOPRESSA SOLN .02%	2
ROCKLATAN DRO	2
SIMBRINZA SUS 1-0.2%	2
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC OCUDOSE) SOLN .5%	1
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1
TIMOPTIC 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
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	2

Drug Name	Drug Requirements/ Tier Limits
<i>atropine sulfate (ophthalmic)</i> (generic of ATROPINE SULFATE) SOLN 1%	1
BEOVU SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3 NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3 NDS NM LA PA
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
ISOPTO ATROPINE SOLN 1%	2
LACRISERT INST 5mg	3
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3 NDS NM LA PA
OXERVATE SOLN .002%	3 NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1
RESTASIS EMUL .05%	2
RESTASIS MULTIDOSE EMUL .05%	2
SUSVIMO SOLN 10mg/0.1ml	3 NDS NM LA PA
VABYSMO SOLN 6mg/0.05ml	3 NDS NM LA PA
XIIDRA SOLN 5%	2
OTIC	
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	1
CETRAXAL SOLN .2%	3
CIPRO HC SUS OTIC	3
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% (generic of CIPRODEX)	1
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i> 0.3-0.025%	1
CORTISPORIN SUS -TC OTIC	3
DERMOTIC OIL .01%	3

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Drug Name	Drug Requirements/ Tier	Limits
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide</i> (otic) (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid</i> <i>otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc</i> otic <i>soln</i> 1%	1	
<i>neomycin-polymyxin-hc</i> otic <i>susp</i> 3.5 mg/ml-10000 unit/ml- 1%	1	
<i>ofloxacin</i> (otic) SOLN .3%	1	
OTOVEL DRO	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER SPHERE	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu</i> <i>soln</i> 0.5-2.5(3) mg/3ml	1	B/D
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</i> (nasal) SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray</i> 137-50 mcg/act (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
CLARINEX TABS 5mg	3	
<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	2	
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl</i> (nasal) (generic of PATANASE) SOLN .6%	1	
PATANASE SOLN .6%	3	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg, 50mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act (generic of Proair HFA)	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
<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 PERFOROMIST) NEBU 20mcg/2ml	3	NDS B/D
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
PERFOROMIST NEBU 20mcg/2ml	3	NDS B/D
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 NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	3	B/D
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	3	B/D
XOPENEX HFA AERO 45mcg/act	3	
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg	3	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
ELIXOPHYLLIN ELIX 80mg/15ml	3	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
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 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
OFEV CAPS 100mg, 150mg	3	NDS NM LA PA
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
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg, 801mg	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
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	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25- 37.5MG & 75MG	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
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	

Drug Name	Drug Requirements/ Tier	Limits
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
<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	
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
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	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
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>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>adapalene</i> (generic of DIFFERIN) GEL .3%	1	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA)	1
ADAPALENE SOLN .1%	3	<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%	1
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	DIFFERIN GEL .3%; LOTN .1%	3
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	EPIDUO FORTE GEL 0.3-2.5%	3
AKLIEF CREA .005%	3	EPIDUO GEL 0.1-2.5%	3
ALTRENO LOTN .05%	3	EPSOLAY CREA 5%	3
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	ery PADS 2%	1
AMZEEQ FOAM 4%	3	ERYGEL GEL 2%	3
ARAZLO LOTN .045%	3	<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1
ATRALIN GEL .05%	3	<i>erythromycin (acne aid)</i> SOLN 2%	1
<i>avita</i> (generic of RETIN-A) CREA .025%	1	EVOCLIN FOAM 1%	3
<i>avita</i> GEL .025%	1	FABIOR FOAM .1%	3
AZELEX CREA 20%	3	<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1
BENZAMYCIN GEL 5-3%	3	<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3 NDS
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	KLARON LOTN 10%	3
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1
CLEOCIN-T LOTN 1%	3	<i>neuac gel 1.2-5%</i>	1
<i>clindacin etz pledgets</i> SWAB 1%	1	ONEXTON GEL 1.2-3.75	3
<i>clindacin-p</i> SWAB 1%	1	RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	RETIN-A MICRO GEL .04%, .1%	3
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM 1%	1	RETIN-A MICRO GEL .06%	3 NDS
<i>clindamycin phosphate (topical)</i> GEL 1%; SOLN 1%; SWAB 1%	1	RETIN-A MICRO PUMP GEL .08%	3 NDS
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	1	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	TAZAROTENE FOAM .1%	3
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)	1	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1
		<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin microsphere</i> GEL .04%, .1%	1	
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	
CENTANY OINT 2%	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	
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 olamine</i> (generic of LOPROX) CREA .77%; SUSP .77%	1	
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	1	
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i>	1	
<i>econazole nitrate</i> CREA 1%	1	
JUBLIA SOLN 10%	3	NDS
<i>ketconazole (topical)</i> CREA 2%	1	
LOPROX CREA .77%; SUSP .77%	3	
MENTAX CREA 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i>	1	
<i>naftifine hcl</i> CREA 1%, 2%; GEL 1%	1	
NAFTIN GEL 1%, 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
OXISTAT LOTN 1%	3	PA
VUSION OIN	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> FOAM .005%; OINT .005%; SOLN .005%	1	PA
<i>calcitrene</i> OINT .005%	1	PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1%	1	
TAZORAC CREA .05%; GEL .05%, .1%	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2%	1	
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2%	3	NDS
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>amcinonide</i> LOTN .1%	1	
<i>betamethasone dipropionate</i> (topical) CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate</i> <i>augmented</i> CREA .05%; GEL .05%; LOTN .05%	1	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12%	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CAPEX SHAM .01%	3		<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1		<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05%	1		<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1		<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
<i>clobetasol propionate e</i> CREA .05%	1		<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>clobetasol propionate</i> <i>emulsion</i> (generic of OLUX-E) FOAM .05%	1		<i>hydrocortisone butyrate</i> SOLN .1%	1	
CLOBEX LIQD .05%; LOTN .05%; SHAM .05%	3		IMPEKLO LOTN .15mg/act	3	
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1		<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
DERMA-SMOOTH/FS BODY OIL .01%	3		OLUX FOAM .05%	3	NDS
DERMA-SMOOTH/FS SCALP OIL .01%	3		OLUX-E FOAM .05%	3	NDS
<i>desonide</i> (generic of DESOWEN) CREA .05%	1		PANDEL CREA .1%	3	NDS
<i>desonide</i> LOTN .05%; OINT .05%	1		<i>prednicarbate</i> OINT .1%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1		SYNALAR CREA .025%; OINT .025%; SOLN .01%	3	
DIPROLENE OINT .05%	3		<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	
DUOBRII LOT	3	NDS	<i>triamcinolone acetonide</i> (<i>topical</i>) CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
ENSTILAR AER	3	PA	DERMATOLOGY, LOCAL ANESTHETICS		
EPIFOAM AER 1%	3		<i>glydo</i> PRSY 2%	1	PA
<i>fluocinolone acetonide</i> CREA .01%	1		<i>lidocaine</i> OINT 5%	1	PA
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	1		<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTH/FS BODY) OIL .01%	1		<i>lidocaine hcl</i> GEL 2%; SOLN 4%	1	PA
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTH/FS SCALP) OIL .01%	1		<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	PA
			LIDODERM PTCH 5%	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
			ZTLIDO PTCH 1.8%	3	PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1	
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	NDS
<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>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
FINACEA FOAM 15%; GEL 15%	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	1	
KLISYRI OINT 1%	3	NDS
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	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

Drug Name	Drug Requirements/ Tier	Limits
OPZELURA CREA 1.5%	3	NDS
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	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	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROTOPIC OINT .03%, .1%	3	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NDS NM PA
VALCHLOR GEL .016%	3	NDS NM LA PA
XERESE CRE 5-1%	3	NDS
ZILXI FOAM 1.5%	3	
ZOVIRAX OINT 5%	3	
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		
REGANEX 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	

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Drug Name	Drug Requirements/ Tier Limits
<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</i> (<i>mouth-throat</i>) SOLN 2%	1
<i>nystatin</i> (<i>mouth-throat</i>) SUSP 100000unit/ml	1
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1
<i>pilocarpine hcl</i> (<i>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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