SilverScript®
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MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

SilverScript Employer PDP sponsored by The Midwest Operating Engineers (SilverScript)

2026 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 08/27/2025. For more recent information or other questions, please contact Customer Care at 1-833-252-6641, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 26021

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

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

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

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

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08/27/2025

What is the SilverScript formulary?

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

Please note: The Midwest Operating Engineers 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 The Midwest Operating Engineers covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your total out-of-pocket costs.

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

Can the formulary change?

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

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

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

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

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

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

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

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

  If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

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

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

How do I use the formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, there is a quantity limit on the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

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

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

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

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the SilverScript's formulary?

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

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

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty (High Cost) Tier.

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

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

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

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

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

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

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

For more information

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

Every drug on the plan's drug list is in one of four 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**
- **Cost-Sharing Tier 4: Specialty (High Cost)**

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

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

	Network Retail Pharmacy (Up to a 30-day supply)	**Mail-Order Pharmacy** (Up to a 30-day supply)	**Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply)
Tier 1: Generic	$5.00	$15.00	$5.00
Tier 2: Preferred Brand	$10.00	$30.00	$10.00
Tier 3: Non-Preferred Brand	$25.00	$45.00	$25.00
Tier 4: Specialty (High Cost)	$100.00	$100.00	$100.00

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

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

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

SilverScript's formulary

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

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

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

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
NM	Not available at our mail-order pharmacies.
NDS	Non-extended day supply. Not available for an extended (long-term) supply.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
allopurinol TABS 200mg	1	ST
allopurinol sodium (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
colchicine (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
colchicine TABS .6mg QL (120 tabs / 30 days)	1	QL
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
probenecid TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
acetaminophen SOLN 10mg/ml	1	
clonidine hcl (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
lidocaine hcl (local anesth.) SOLN 4%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

Drug Name	Tier	Requirements/ Limits
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
COMBOGESIC INJ 300-1000	3	
DAYPRO TABS 600mg	3	
diclofenac potassium (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
diclofenac potassium TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	1	QL
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
diflunisal TABS 500mg	1	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
DOLOBID TABS 375mg QL (120 tabs / 30 days)	4	NDS QL PA
etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
etodolac (generic of LODINE) TABS 400mg	1	
fenoprofen calcium CAPS 400mg QL (240 caps / 30 days)	1	QL PA

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

Drug Name	Drug Tier	Requirements/ Limits
FENOPRON CAPS 300mg QL (240 caps / 30 days)	4	NDS QL PA
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ibuprofen-famotidine tab 800-26.6 mg (generic of DUEXIS) QL (90 tabs / 30 days)	1	QL PA
ketoprofen CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
ketoprofen CAPS 50mg QL (180 caps / 30 days)	4	NDS QL PA
ketoprofen CP24 200mg QL (30 caps / 30 days)	1	QL PA
ketorolac tromethamine TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
kiprofen CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
lofena TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
meclofenamate sodium CAPS 50mg, 100mg	1	
mefenamic acid CAPS 250mg	1	
meloxicam CAPS 5mg, 10mg QL (30 caps / 30 days)	1	QL PA
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
NAPRELAN TB24 375mg QL (120 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 500mg QL (90 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 750mg QL (60 tabs / 30 days)	4	NDS QL PA
naproxen SUSP 125mg/5ml QL (1800 mL / 30 days)	1	QL PA
naproxen TABS 250mg, 375mg	1	
naproxen (generic of NAPROSYN) TABS 500mg	1	
naproxen (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
naproxen dr (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
naproxen sodium TABS 275mg	1	
naproxen sodium (generic of ANAPROX DS) TABS 550mg	1	
naproxen sodium (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days)	1	QL PA
naproxen-esomeprazole magnesium tab dr 375-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
naproxen-esomeprazole magnesium tab dr 500-20 mg (generic of VIMOVO) QL (60 tabs / 30 days)	4	NDS QL PA
oxaprozin TABS 600mg	1	
piroxicam CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	NDS PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	4	NDS QL NM PA
sulindac TABS 150mg, 200mg	1	
tolectin 600 TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
tolmetin sodium CAPS 400mg	4	NDS
tolmetin sodium TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL PA
levorphanol tartrate TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	4	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	4	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	4	NDS QL PA
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA
oxymorphone hcl TB12 30mg, 40mg QL (60 tabs / 30 days)	4	NDS QL PA
tramadol hcl CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen soln 10-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL PA
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
oxycodone w/ acetaminophen soln 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL PA

Drug Name	Tier	Requirements/ Limits
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL PA
PROLATE SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
tramadol hcl SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
tramadol hcl TABS 25mg QL (120 tabs / 30 days)	1	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	1	QL
tramadol hcl TABS 75mg QL (150 tabs / 30 days)	1	QL PA
tramadol hcl TABS 100mg QL (120 tabs / 30 days)	1	QL PA
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	1	QL
trezix QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	1	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA

Drug Name	Tier	Requirements/ Limits
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA
CAYSTON SOLR 75mg	4	NDS NM 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	
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
DALVANCE SOLR 500mg	4	NDS
dapsone TABS 25mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
daptomycin SOLR 500mg	4	NDS
DARAPRIM TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
EMBLAVEO INJ 2GM	4	NDS
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
ertapenem sodium SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
fosfomycin tromethamine PACK 3gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	NDS
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
linezolid (generic of ZYVOX) SOLN 600mg/300ml	1	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
meropenem SOLR 1gm, 500mg	1	
meropenem (generic of MEROPENEM) SOLR 2gm	1	
methenamine hippurate (generic of HIPREX) TABS 1gm	1	
metronidazole CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
nitrofurantoin SUSP 25mg/5ml	4	NDS PA
NITROFURANTOIN SUSP 50mg/5ml	4	NDS PA
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	

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

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
PENTAM 300 SOLR 300mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	1	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
streptomycin sulfate SOLR 1gm	4	NDS
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
sulfadiazine TABS 500mg	4	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
tinidazole TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM PA
tobramycin (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
tobramycin sulfate SOLR 1.2gm	4	NDS PA
trimethoprim TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
vancomycin hcl (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
caspofungin acetate SOLR 50mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
caspofungin acetate (generic of CANCIDAS) SOLR 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
fluconazole SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
fulvicin p/g 165 TABS 165mg	4	NDS
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
griseofulvin ultramicrosize TABS 165mg	4	NDS
itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
itraconazole SOLN 10mg/ml	4	NDS
ketoconazole TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
nystatin TABS 500000unit	1	
posaconazole (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
posaconazole (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg QL (120 caps / 30 days)	3	QL
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS 65mg QL (120 caps / 30 days)	4	NDS QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
voriconazole (generic of VFEND IV) SOLR 200mg	1	PA
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	1	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	1	NM
abacavir sulfate TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
atazanavir sulfate CAPS 150mg	1	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
efavirenz TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
fosamprenavir calcium TABS 700mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NDS NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NDS NM
TRUVADA TAB 100-150	4	NDS NM
TRUVADA TAB 133-200	4	NDS NM

Drug Name	Tier	Requirements/ Limits
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	4	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
cidofovir SOLN 75mg/ml	1	
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
lamivudine (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL

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

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	4	NDS
valganciclovir hcl (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	NDS NM PA
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
cefepime hcl SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
azithromycin TABS 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
erythromycin ethylsuccinate TABS 400mg	1	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
ciprofloxacin hcl TABS 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	1	

Drug Name	Drug Tier	Requirements/ Limits
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
dicloxacillin sodium CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	4	NDS
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	4	NDS
OXACILLIN INJ 2GM	3	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
demeclocycline hcl TABS 150mg, 300mg	1	
DORYX MPC TBEC 60mg	4	NDS PA
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	PA
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA
targadox TABS 50mg	1	
tetracycline hcl CAPS 250mg, 500mg	1	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	NDS PA

Drug Name	Drug Tier	Requirements/ Limits
TIGECYCLINE SOLR 50mg	4	NDS
tigecycline (generic of TYGACIL) SOLR 50mg	1	
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
bendamustine hcl (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
cyclophosphamide SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS PA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
AXTLE SOLR 100mg, 500mg	4	NDS B/D NM
azacitidine (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	4	NDS B/D NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
gemcitabine hcl SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	4	NDS QL NM
QL (5 tabs / 28 days)		PA
LONSURF TAB 15-6.14	4	NDS QL NM
QL (100 tabs / 28 days)		PA
LONSURF TAB 20-8.19	4	NDS QL NM
QL (80 tabs / 28 days)		PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM
mercaptopurine TABS 50mg	1	

Drug Name	Tier	Requirements/ Limits
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	NDS B/D
pemetrexed disodium (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
pemetrexed disodium SOLR 750mg, 1000mg	4	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	4	NDS PA
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	4	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EULEXIN CAPS 125mg	4	NDS
exemestane (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS PA
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
letrozole (generic of FEMARA) TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM PA
leuprolide acetate (3 month) INJ 22.5mg	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	4	NDS NM
megestrol acetate TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	4	NDS
nilutamide (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ORGOVYX TABS 120mg	4	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate (generic of FARESTON) TABS 60mg	1	PA

Drug Name	Tier	Requirements/ Limits
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg	4	NDS QL NM PA
QL (120 caps / 30 days)		
XTANDI TABS 40mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
XTANDI TABS 80mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
YONSA TABS 125mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
ZYTIGA TABS 500mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	4	NDS QL NM PA
QL (28 caps / 28 days)		
lenalidomide CAPS 20mg, 25mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	NDS QL NM PA
QL (28 caps / 28 days)		
REVLIMID CAPS 20mg, 25mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
THALOMID CAPS 50mg	4	NDS QL NM PA
QL (84 caps / 28 days)		
THALOMID CAPS 100mg	4	NDS QL NM PA
QL (112 caps / 28 days)		
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml	4	NDS QL NM PA
QL (2 syringes / 28 days)		
bexarotene (generic of TARGRETIN) CAPS 75mg	4	NDS QL NM PA
QL (300 caps / 30 days)		
bleomycin sulfate SOLR 15unit, 30unit	1	B/D

Drug Name	Tier	Requirements/ Limits
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
dacarbazine SOLR 100mg	1	B/D
dexrazoxane hcl SOLR 250mg, 500mg	4	NDS B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
doxorubicin hcl (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
hydroxyurea (generic of HYDREA) CAPS 500mg	1	
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
irinotecan hcl SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg	4	NDS QL NM PA
QL (240 tabs / 30 days)		
KHAPZORY SOLR 175mg	4	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	4	NDS NM
mesna (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	4	NDS B/D

Drug Name	Tier	Requirements/ Limits
mitoxantrone hcl CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
tretinoin (chemotherapy) CAPS 10mg	4	NDS
valrubicin (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
docetaxel (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
docetaxel (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
eribulin mesylate (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
paclitaxel inj 100mg (generic of ABRAXANE)	4	NDS B/D NM
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
BALVERSA TABS 3mg	4	NDS QL NM PA
QL (84 tabs / 28 days)		
BALVERSA TABS 4mg	4	NDS QL NM PA
QL (56 tabs / 28 days)		
BALVERSA TABS 5mg	4	NDS QL NM PA
QL (28 tabs / 28 days)		
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
bortezomib (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg	4	NDS QL NM PA
QL (30 caps / 30 days)		
BOSULIF CAPS 100mg	4	NDS QL NM PA
QL (300 caps / 30 days)		
BOSULIF TABS 100mg	4	NDS QL NM PA
QL (180 tabs / 30 days)		
BOSULIF TABS 400mg, 500mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
BRAFTOVI CAPS 75mg	4	NDS QL NM PA
QL (180 caps / 30 days)		
BRUKINSA CAPS 80mg	4	NDS QL NM PA
QL (120 caps / 30 days)		
CABOMETYX TABS 20mg, 40mg, 60mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
CALQUENCE TABS 100mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
CAPRELSA TABS 100mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
CAPRELSA TABS 300mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg	4	NDS QL NM PA
QL (84 caps / 28 days)		
COMETRIQ KIT 100MG	4	NDS QL NM PA
QL (56 caps / 28 days)		
COMETRIQ KIT 140MG	4	NDS QL NM PA
QL (112 caps / 28 days)		
COPIKTRA CAPS 15mg, 25mg	4	NDS QL NM PA
QL (56 caps / 28 days)		
COTELLIC TABS 20mg	4	NDS QL NM PA
QL (63 tabs / 28 days)		
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg	4	NDS QL NM PA
QL (112 tabs / 28 days)		
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX INJ FASPRO	4	NDS NM PA
dasatinib (generic of SPRYCEL) TABS 20mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
DATROWAY SOLR 100mg	4	NDS NM PA
DAURISMO TABS 25mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
DAURISMO TABS 100mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
ELAHERE SOLN 100mg/20ml	4	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
ENHERTU SOLR 100mg	4	NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg	4	NDS QL NM PA
QL (30 caps / 30 days)		
erlotinib hcl TABS 25mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
erlotinib hcl (generic of TARCEVA) TABS 100mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
erlotinib hcl TABS 150mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Tier	Requirements/ Limits
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
FOTIVDA CAPS .89mg, 1.34mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
FRUZAQLA CAPS 1mg	4	NDS QL NM PA
QL (84 caps / 28 days)		
FRUZAQLA CAPS 5mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
FYARRO SUSR 100mg	4	NDS NM PA
GAVRETO CAPS 100mg	4	NDS QL NM PA
QL (120 caps / 30 days)		
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
gefitinib (generic of IRESSA) TABS 250mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
GLEEVEC TABS 100mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
GLEEVEC TABS 400mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
GOMEKLI CAPS 1mg	4	NDS QL NM PA
QL (168 caps / 28 days)		
GOMEKLI CAPS 2mg	4	NDS QL NM PA
QL (84 caps / 28 days)		
GOMEKLI TBSO 1mg	4	NDS QL NM PA
QL (168 tabs / 28 days)		
HERCEP HYLEC SOL 60-10000	4	NDS NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	NDS QL NM PA
QL (21 caps / 28 days)		
IBRANCE TABS 75mg, 100mg, 125mg	4	NDS QL NM PA
QL (21 tabs / 28 days)		

Drug Name	Tier	Requirements/ Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
IDHIFA TABS 50mg, 100mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 100mg	1	QL NM PA
QL (90 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 400mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
IMBRUVICA CAPS 70mg	4	NDS QL NM PA
QL (30 caps / 30 days)		
IMBRUVICA CAPS 140mg	4	NDS QL NM PA
QL (120 caps / 30 days)		
IMBRUVICA SUSP 70mg/ml	4	NDS QL NM PA
QL (216 mL / 27 days)		
IMBRUVICA TABS 140mg, 280mg, 420mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
IMKELDI SOLN 80mg/ml	4	NDS QL NM PA
QL (280 mL / 28 days)		
INLYTA TABS 1mg	4	NDS QL NM PA
QL (180 tabs / 30 days)		
INLYTA TABS 5mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
INREBIC CAPS 100mg	4	NDS QL NM PA
QL (120 caps / 30 days)		
IRESSA TABS 250mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
ITOVEBI TABS 3mg	4	NDS QL NM PA
QL (56 tabs / 28 days)		
ITOVEBI TABS 9mg	4	NDS QL NM PA
QL (28 tabs / 28 days)		
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
JAYPIRCA TABS 50mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
JAYPIRCA TABS 100mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		

Drug Name	Tier	Requirements/ Limits
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA
lapatinib ditosylate (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
MARGENZA SOLN 250mg/10ml	4	NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
nilotinib hcl CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
nilotinib hcl (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PHESGO SOL	4	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA
RITUXAN INJ HYCELA	4	NDS NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
sorafenib tosylate (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	4	NDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
temsirolimus (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYLOY SOLR 100mg, 300mg	4	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	

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

Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
benazepril hcl TABS 5mg	1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate (generic of EPANED) SOLN 1mg/ml	1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	4	NDS
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 5mg, 10mg	1	
ramipril (generic of ALTACE) CAPS 2.5mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	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	
eplerenone (generic of INSPRA) TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
spironolactone (generic of CAROSPIR) SUSP 25mg/5ml	1	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/ Limits
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL

Drug Name	Tier	Requirements/ Limits
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 16-12.5	3	QL
QL (60 tabs / 30 days)		
ATACAND HCT TAB 32-12.5	3	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 32-25MG	3	QL
QL (30 tabs / 30 days)		
AVALIDE TAB 150-12.5	3	QL
QL (60 tabs / 30 days)		
AVALIDE TAB 300-12.5	3	QL
QL (30 tabs / 30 days)		
AZOR TAB 5-20MG	3	QL
QL (30 tabs / 30 days)		
AZOR TAB 5-40MG	3	QL
QL (30 tabs / 30 days)		

Drug Name	Tier	Requirements/ Limits
AZOR TAB 10-20MG	3	QL
QL (30 tabs / 30 days)		
AZOR TAB 10-40MG	3	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 20-12.5	3	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 40-12.5	3	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 40-25MG	3	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)	1	QL
QL (60 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)	1	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	1	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 80-12.5	3	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 160-12.5	3	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 160-25MG	3	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 320-12.5	3	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 320-25MG	3	QL
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-12.5	3	QL ST
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-25MG	3	QL ST
QL (30 tabs / 30 days)		
ENTRESTO CAP 6-6MG	2	QL
QL (240 caps / 30 days)		
ENTRESTO CAP 15-16MG	2	QL
QL (240 caps / 30 days)		
ENTRESTO TAB 24-26MG	2	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 49-51MG	2	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
EXFORGE HCT TAB 5-160-12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 5-160-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160-12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-320-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	3	QL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
telmisartan-amlodipine tab 40-10 mg	1	QL
QL (30 tabs / 30 days)		
telmisartan-amlodipine tab 80-5 mg	1	QL
QL (30 tabs / 30 days)		
telmisartan-amlodipine tab 80-10 mg	1	QL
QL (30 tabs / 30 days)		
telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1	QL
QL (30 tabs / 30 days)		
telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1	QL
QL (60 tabs / 30 days)		
telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1	QL
QL (30 tabs / 30 days)		
TRIBENZOR20- TAB 5-12.5MG	3	QL
QL (30 tabs / 30 days)		
TRIBENZOR40- TAB 5-12.5MG	3	QL
QL (30 tabs / 30 days)		
TRIBENZOR40- TAB 5-25MG	3	QL
QL (30 tabs / 30 days)		
TRIBENZOR40- TAB 10-12.5	3	QL
QL (30 tabs / 30 days)		
TRIBENZOR40- TAB 10-25MG	3	QL
QL (30 tabs / 30 days)		
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg	3	QL
QL (60 tabs / 30 days)		
ATACAND TABS 32mg	3	QL
QL (30 tabs / 30 days)		
AVAPRO TABS 150mg, 300mg	3	QL
QL (30 tabs / 30 days)		
BENICAR TABS 5mg	3	QL
QL (60 tabs / 30 days)		
BENICAR TABS 20mg, 40mg	3	QL
QL (30 tabs / 30 days)		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg	1	QL
QL (60 tabs / 30 days)		
candesartan cilexetil (generic of ATACAND) TABS 32mg	1	QL
QL (30 tabs / 30 days)		
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg	3	QL
QL (60 tabs / 30 days)		
DIOVAN TABS 320mg	3	QL
QL (30 tabs / 30 days)		
EDARBI TABS 40mg, 80mg	3	QL ST
QL (30 tabs / 30 days)		
irbesartan TABS 75mg	1	QL
QL (30 tabs / 30 days)		
irbesartan (generic of AVAPRO) TABS 150mg, 300mg	1	QL
QL (30 tabs / 30 days)		
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg QL (30 tabs / 30 days)	1	QL
telmisartan (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan SOLN 4mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
sotalol hcl TABS 240mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	1	
fenofibrate CAPS 50mg QL (60 caps / 30 days)	1	QL ST
fenofibrate CAPS 150mg QL (30 caps / 30 days)	1	QL ST
fenofibrate TABS 40mg QL (60 tabs / 30 days)	1	QL ST
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate TABS 54mg, 160mg	1	
fenofibrate TABS 120mg QL (30 tabs / 30 days)	1	QL ST
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	1	
fenofibrate micronized CAPS 130mg QL (30 caps / 30 days)	1	QL ST
fenofibric acid TABS 35mg QL (60 tabs / 30 days)	1	QL ST
fenofibric acid TABS 105mg QL (30 tabs / 30 days)	1	QL ST
gemfibrozil (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL ST
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL ST
LOPID TABS 600mg	3	

Drug Name	Tier	Requirements/ Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
fluvastatin sodium (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pitavastatin calcium (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
colestipol hcl (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
colestipol hcl PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM PA
ezetimibe (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
LOVAZA CAP 1GM	3	PA

Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
niacin (antihyperlipidemic) TABS 500mg	1	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
niacor TABS 500mg	1	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	PA
prevalite PACK 4gm	1	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	

Drug Name	Tier	Requirements/ Limits
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4	NDS QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
pindolol TABS 5mg, 10mg	1	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
timolol maleate TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	

Drug Name	Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
diltiazem hcl (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
matzim la (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	

Drug Name	Drug Tier	Requirements/ Limits
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
nifedipine TB24 30mg, 60mg, 90mg	1	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
nimodipine SOLN 60mg/20ml	4	NDS
nisoldipine (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
nisoldipine TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	1	
bumetanide (generic of BUMEX) TABS .5mg	1	
chlorthalidone TABS 25mg, 50mg	1	
dichlorphenamide (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECRIN TABS 25mg	4	NDS
ethacrynic acid (generic of EDECRIN) TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	4	NDS
furosemide SOLN 10mg/ml, 40mg/5ml	1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
ormalvi (generic of KEVEYIS) TABS 50mg	4	NDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
THALITONE TABS 15mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene (generic of DYRENIUM) CAPS 50mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)	1	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine TB24 .17mg	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSER CAPS 250mg	4	NDS NM PA
DIBENZYLINE CAPS 10mg	4	NDS PA
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	

Drug Name	Drug Tier	Requirements/ Limits
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
methyldopa TABS 250mg, 500mg PA applies if 65 years and older	3	PA
metyrosine (generic of DEMSER) CAPS 250mg	4	NDS NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
ranolazine TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	NDS ST
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	1	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	1	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 40mg	1	ST
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	

Drug Name	Tier	Requirements/ Limits
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
nitroglycerin (generic of NITROLINGUAL) SOLN .4mg/spray	1	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
epoprostenol sodium (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	4	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
alprazolam (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
alprazolam (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
alprazolam TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
alprazolam TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
fluvoxamine maleate CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	1	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	1	QL
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	3	QL PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
oxazepam CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Tier	Requirements/ Limits
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg	3	
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL ST
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL ST
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
bupropion hcl TB24 450mg QL (30 tabs / 30 days)	1	QL ST
CELEXA TABS 10mg, 20mg, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL ST
citalopram hydrobromide SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
duloxetine hcl CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
escitalopram oxalate SOLN 5mg/5ml	1	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
fluoxetine hcl CAPS 10mg, 40mg; SOLN 20mg/5ml	1	
fluoxetine hcl (generic of PROZAC) CAPS 20mg	1	
fluoxetine hcl CPDR 90mg QL (4 caps / 28 days)	1	QL
fluoxetine hcl TABS 10mg QL (30 tabs / 30 days)	1	QL
fluoxetine hcl TABS 20mg QL (120 tabs / 30 days)	1	QL
fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL
fluoxetine hcl (pmdd) TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL
fluoxetine hcl (pmdd) TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL
FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
mirtazapine TABS 7.5mg, 45mg	1	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
nortriptyline hcl SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	NDS
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
paroxetine hcl (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	3	PA
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
perphenazine-amitriptyline tab 2-10 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 2-25 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-10 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-25 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-50 mg PA applies if 65 years and older	2	PA
phenelzine sulfate (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
protriptyline hcl TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL ST
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL ST
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TB24 225mg QL (30 tabs / 30 days)	1	QL ST
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL ST
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	4	NDS QL ST
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	4	NDS QL ST
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	1	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM PA
apomorphine hydrochloride SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM PA
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa (generic of LODOSYN) TABS 25mg	1	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-250 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
entacapone TABS 200mg	1	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM PA
LODOSYN TABS 25mg	4	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	PA
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	4	NDS QL NM PA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
trihexyphenidyl hcl SOLN .4mg/ml	2	
trihexyphenidyl hcl TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	NDS NM PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	NDS QL PA
QL (30 tabs / 30 days)		
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	NDS QL PA
QL (30 tabs / 30 days)		
aripiprazole SOLN 1mg/ml	1	QL
QL (900 mL / 30 days)		
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL
QL (30 tabs / 30 days)		
aripiprazole TBDP 10mg, 15mg	1	QL ST
QL (60 tabs / 30 days)		
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	NDS QL
QL (1 syringe / 28 days)		
ARISTADA PRSY 1064mg/3.9ml	4	NDS QL
QL (1 syringe / 56 days)		
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	QL
QL (60 tabs / 30 days)		
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	NDS QL
QL (30 caps / 30 days)		
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine (generic of CLOZARIL) TABS 25mg	1	
clozapine TABS 50mg	1	
clozapine (generic of CLOZARIL) TABS 100mg	1	QL
QL (270 tabs / 30 days)		
clozapine TABS 200mg	1	QL
QL (120 tabs / 30 days)		
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL PA
QL (270 tabs / 30 days)		
clozapine TBDP 150mg	1	QL PA
QL (180 tabs / 30 days)		
clozapine TBDP 200mg	1	QL PA
QL (120 tabs / 30 days)		
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg	4	NDS QL
QL (270 tabs / 30 days)		
COBENFY CAP 50-20MG	4	NDS QL PA
QL (60 caps / 30 days)		
COBENFY CAP 100-20MG	4	NDS QL PA
QL (60 caps / 30 days)		
COBENFY CAP 125-30MG	4	NDS QL PA
QL (60 caps / 30 days)		
COBENFY STRT CAP PACK	4	NDS QL PA
QL (2 packs / year)		
ERZOFRI SUSY 39mg/0.25ml	3	QL
QL (1 syringe / 28 days)		
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NDS QL
QL (1 syringe / 28 days)		
ERZOFRI SUSY 351mg/2.25ml	4	NDS QL
QL (2 syringes / year)		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS QL PA
QL (60 tabs / 30 days)		
FANAPT PAK PACK A	3	QL PA
QL (2 packs / year)		
FANAPT PAK PACK C	3	QL PA
QL (2 packs / year)		
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	NDS QL
QL (60 caps / 30 days)		
GEODON SOLR 20mg	3	QL
QL (6 injections / 3 days)		

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml	1	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	1	QL
olanzapine TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
olanzapine TABS 10mg QL (60 tabs / 30 days)	1	QL
olanzapine (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
olanzapine TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
olanzapine TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
paliperidone TB24 1.5mg QL (30 tabs / 30 days)	1	QL
paliperidone (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	

Drug Name	Drug Tier	Requirements/ Limits
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
quetiapine fumarate TABS 150mg QL (90 tabs / 30 days)	1	QL
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TABS .25mg	1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	4	NDS QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
carbamazepine CHEW 100mg, 200mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	1	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	

Drug Name	Tier	Requirements/ Limits
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg	4	NDS QL NM PA
QL (360 caps / 30 days)		
DIACOMIT CAPS 500mg	4	NDS QL NM PA
QL (180 caps / 30 days)		
DIACOMIT PACK 250mg	4	NDS QL NM PA
QL (360 packets / 30 days)		
DIACOMIT PACK 500mg	4	NDS QL NM PA
QL (180 packets / 30 days)		
diazepam SOLN 5mg/5ml	1	QL PA
QL (1200 mL / 30 days)		
PA applies if 65 years and older when greater than 5 day supply		
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	QL PA
QL (120 tabs / 30 days)		
PA applies if 65 years and older when greater than 5 day supply		
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml	1	QL PA
QL (240 mL / 30 days)		
PA applies if 65 years and older when greater than 5 day supply		
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	

Drug Name	Tier	Requirements/ Limits
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml	4	NDS QL NM PA
QL (600 mL / 30 days)		
epitol (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	3	QL PA
QL (480 mL / 30 days)		
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg	1	QL
QL (30 tabs / 30 days)		
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg	1	QL
QL (60 tabs / 30 days)		
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml	1	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml	4	NDS QL NM PA
QL (360 mL / 30 days)		
FYCOMPA SUSP .5mg/ml	4	NDS QL PA
QL (680 mL / 28 days)		
FYCOMPA TABS 2mg	3	QL PA
QL (60 tabs / 30 days)		
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS QL PA
QL (30 tabs / 30 days)		
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg	1	QL
QL (360 caps / 30 days)		
gabapentin (generic of NEURONTIN) CAPS 400mg	1	QL
QL (270 caps / 30 days)		
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml	1	QL
QL (2160 mL / 30 days)		
gabapentin (generic of NEURONTIN) TABS 600mg	1	QL
QL (180 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABARONE TABS 100mg QL (360 tabs / 30 days)	4	NDS QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	4	NDS QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	1	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST
LAMICTAL XR KIT	3	
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
lamotrigine (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)	1	
lamotrigine tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)	4	NDS
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (generic of LAMICTAL ODT)	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (generic of LAMICTAL ODT)	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg	3	QL
QL (360 tabs / 30 days)		
levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL PA
QL (120 caps / 30 days)		
PA applies if 65 years and older		
LYRICA CAPS 200mg	3	QL PA
QL (90 caps / 30 days)		
PA applies if 65 years and older		
LYRICA CAPS 225mg, 300mg	3	QL PA
QL (60 caps / 30 days)		
PA applies if 65 years and older		
LYRICA SOLN 20mg/ml	3	QL PA
QL (900 mL / 30 days)		
PA applies if 65 years and older		
methsuximide (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg	3	QL PA
QL (60 caps / 30 days)		
MOTPOLY XR CP24 150mg, 200mg	4	NDS QL PA
QL (60 caps / 30 days)		
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml	3	QL
QL (10 nasal units / 30 days)		
NEURONTIN CAPS 100mg, 300mg	3	QL
QL (360 caps / 30 days)		
NEURONTIN CAPS 400mg	3	QL
QL (270 caps / 30 days)		
NEURONTIN SOLN 250mg/5ml	3	QL
QL (2160 mL / 30 days)		
NEURONTIN TABS 600mg	4	NDS QL
QL (180 tabs / 30 days)		
NEURONTIN TABS 800mg	4	NDS QL
QL (120 tabs / 30 days)		
ONFI SUSP 2.5mg/ml	4	NDS QL PA
QL (480 mL / 30 days)		
ONFI TABS 10mg, 20mg	4	NDS QL PA
QL (60 tabs / 30 days)		
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
oxcarbazepine (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
oxcarbazepine (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	NDS PA
perampanel (generic of FYCOMPA) TABS 2mg	1	QL PA
QL (60 tabs / 30 days)		
perampanel (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS QL PA
QL (30 tabs / 30 days)		
phenobarbital ELIX 20mg/5ml	3	QL PA
QL (1500 mL / 30 days)		
PA applies if 65 years and older		

Drug Name	Drug Tier	Requirements/ Limits
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
phenytek CAPS 200mg, 300mg	1	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	1	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	1	
phenytoin sodium extended CAPS 200mg, 300mg	1	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	1	
primidone TABS 125mg	1	
roweepra (generic of KEPPRA) TABS 500mg	1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	4	NDS
subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	

Drug Name	Drug Tier	Requirements/ Limits
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
topiramate (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA
topiramate (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA
topiramate (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA
topiramate (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
topiramate CPSP 50mg	1	
topiramate CS24 25mg QL (480 caps / 30 days)	1	QL PA
topiramate CS24 50mg QL (240 caps / 30 days)	1	QL PA
topiramate CS24 100mg QL (120 caps / 30 days)	1	QL PA
topiramate CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA
TROKENDI XR CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
vigpoder (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	4	NDS
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	1	QL PA
QL (90 tabs / 30 days)		
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	1	QL PA
QL (60 tabs / 30 days)		
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg	3	QL PA
QL (60 caps / 30 days)		
APTENSIO XR CP24 40mg, 50mg, 60mg	3	QL PA
QL (30 caps / 30 days)		
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL
QL (120 caps / 30 days)		
atomoxetine hcl CAPS 40mg	1	QL
QL (60 caps / 30 days)		
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL
QL (30 caps / 30 days)		
AZSTARYS CAP 26.1-5.2	3	QL PA
QL (30 caps / 30 days)		
AZSTARYS CAP 39.2-7.8	3	QL PA
QL (30 caps / 30 days)		
AZSTARYS CAP 52.3-10.	3	QL PA
QL (30 caps / 30 days)		
CONCERTA TBCR 18mg, 27mg, 36mg	3	QL PA
QL (60 tabs / 30 days)		
CONCERTA TBCR 54mg	3	QL PA
QL (30 tabs / 30 days)		
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL PA
QL (60 tabs / 30 days)		
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL PA
QL (30 patches / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
dextroamphetamine sulfate CP24 5mg QL (150 caps / 30 days)	1	QL PA
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
dextroamphetamine sulfate TABS 15mg QL (120 tabs / 30 days)	1	QL PA
dextroamphetamine sulfate TABS 20mg QL (90 tabs / 30 days)	1	QL PA
dextroamphetamine sulfate TABS 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	2	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA

Drug Name	Tier	Requirements/ Limits
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	1	QL PA
QL (60 tabs / 30 days)		
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	1	QL PA
QL (30 tabs / 30 days)		
METADATE CD CPCR 10mg, 20mg, 30mg	3	QL PA
QL (60 caps / 30 days)		
METADATE CD CPCR 40mg, 50mg, 60mg	3	QL PA
QL (30 caps / 30 days)		
METHYLIN SOLN 5mg/5ml	3	QL PA
QL (1800 mL / 30 days)		
METHYLIN SOLN 10mg/5ml	3	QL PA
QL (900 mL / 30 days)		
methylphenidate (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL PA
QL (30 patches / 30 days)		
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	1	QL PA
QL (180 tabs / 30 days)		
methylphenidate hcl (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of RITALIN LA) CP24 10mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of RITALIN LA) CP24 40mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl CP24 60mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl (generic of METADATE CD) CPCR 10mg, 20mg, 30mg	1	QL PA
QL (60 caps / 30 days)		
methylphenidate hcl (generic of METADATE CD) CPCR 40mg, 50mg, 60mg	1	QL PA
QL (30 caps / 30 days)		
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml	1	QL PA
QL (1800 mL / 30 days)		
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml	1	QL PA
QL (900 mL / 30 days)		
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg	1	QL PA
QL (180 tabs / 30 days)		
methylphenidate hcl (generic of RITALIN) TABS 20mg	1	QL PA
QL (90 tabs / 30 days)		
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg	1	QL PA
QL (60 tabs / 30 days)		
methylphenidate hcl TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg	1	QL PA
QL (30 tabs / 30 days)		
methylphenidate hcl TBCR 10mg, 20mg	1	QL PA
QL (90 tabs / 30 days)		
methylphenidate hcl (generic of CONCERTA) TBCR 18mg, 27mg, 36mg	1	QL PA
QL (60 tabs / 30 days)		
methylphenidate hcl (generic of CONCERTA) TBCR 54mg	1	QL PA
QL (30 tabs / 30 days)		
MYDAYIS CAP 12.5MG	3	QL PA
QL (30 caps / 30 days)		
MYDAYIS CAP 25MG	3	QL PA
QL (30 caps / 30 days)		
MYDAYIS CAP 37.5MG	3	QL PA
QL (30 caps / 30 days)		
MYDAYIS CAP 50MG	3	QL PA
QL (30 caps / 30 days)		
QELBREE CP24 100mg	3	QL PA
QL (180 caps / 30 days)		
QELBREE CP24 150mg	3	QL PA
QL (60 caps / 30 days)		

Drug Name	Tier	Requirements/ Limits
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
RITALIN TABS 10mg QL (180 tabs / 30 days)	3	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
estazolam TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Tier	Requirements/ Limits
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
triazolam (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zaleplon CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zaleplon CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
zolpidem tartrate SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA
almotriptan malate TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST

Drug Name	Drug Tier	Requirements/ Limits
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA
diclofenac potassium (migraine) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA
dihydroergotamine mesylate SOLN 1mg/ml	4	NDS
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
eletriptan hydrobromide (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	1	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST
frovatriptan succinate (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
migergot QL (20 suppositories / 28 days)	4	NDS QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	1	QL

Drug Name	Tier	Requirements/ Limits
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	1	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST
SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days)	3	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
VYEPTI SOLN 100mg/ml	4	NDS NM PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
zolmitriptan (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
zomig TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
edaravone (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
edaravone SOLN 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
gabapentin (once-daily) (generic of GRALISE) TABS 300mg	1	QL PA
QL (180 tabs / 30 days)		
gabapentin (once-daily) (generic of GRALISE) TABS 600mg	1	QL PA
QL (90 tabs / 30 days)		
GRALISE TABS 300mg	3	QL PA
QL (180 tabs / 30 days)		
GRALISE TABS 450mg, 600mg	3	QL PA
QL (90 tabs / 30 days)		
GRALISE TABS 750mg, 900mg	3	QL PA
QL (60 tabs / 30 days)		
HORIZANT TBCR 300mg, 600mg	3	QL PA
QL (60 tabs / 30 days)		
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg	3	QL PA
QL (90 tabs / 30 days)		
LYRICA CR TB24 330mg	3	QL PA
QL (60 tabs / 30 days)		
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUEDEXTA CAP 20-10MG	4	NDS QL PA
QL (60 caps / 30 days)		
paroxetine mesylate (vasomotor) CAPS 7.5mg	3	QL PA
QL (30 caps / 30 days) PA applies if 65 years and older		
pregabalin (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg	1	QL PA
QL (90 tabs / 30 days)		
pregabalin (once-daily) (generic of LYRICA CR) TB24 330mg	1	QL PA
QL (60 tabs / 30 days)		
pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
pyridostigmine bromide TABS 30mg	1	
pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	4	NDS QL NM PA
QL (70 mL / 28 days)		
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	NDS QL NM PA
QL (70 mL / 28 days)		
riluzole TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL PA
QL (60 tabs / 30 days)		
SAVELLA MIS TITR PAK	3	QL PA
QL (2 packs / year)		
SKYCLARYS CAPS 50mg	4	NDS QL NM PA
QL (90 caps / 30 days)		
tetrabenazine (generic of XENAZINE) TABS 12.5mg	1	QL NM PA
QL (90 tabs / 30 days)		
tetrabenazine (generic of XENAZINE) TABS 25mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
TIGLUTIK SUSP 50mg/10ml	4	NDS QL NM PA
QL (600 mL / 30 days)		
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml	4	NDS QL NM PA
QL (1 pen / 30 days)		
XENAZINE TABS 12.5mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
XENAZINE TABS 25mg	4	NDS QL NM PA
QL (120 tabs / 30 days)		
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
AUBAGIO TABS 7mg, 14mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Tier	Requirements/ Limits
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml	4	NDS NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
dimethyl fumarate (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
dimethyl fumarate (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	4	NDS QL NM PA
LEMTRADA SOLN 12mg/1.2ml	4	NDS NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	4	NDS QL NM PA
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	4	NDS QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM PA
teriflunomide (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TYSABRI CONC 300mg/15ml	4	NDS NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS		
baclofen SOLN 5mg/5ml	1	PA
baclofen (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
baclofen (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
baclofen TABS 5mg QL (90 tabs / 30 days)	1	QL
baclofen TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
carisoprodol (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
carisoprodol (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	2	QL PA
DANTRIUM CAPS 25mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1	
dantrolene sodium CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
metaxalone TABS 400mg QL (240 tabs / 30 days) PA applies if 65 years and older	3	QL PA
metaxalone TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
methocarbamol TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older	2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
methocarbamol TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older	2	QL PA
methocarbamol TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	4	NDS PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS QL PA
tanlor TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS QL PA
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	1	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	1	QL
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
lofexidine hcl (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC		
ANDROGENS		
AVEED SOLN 750mg/3ml	4	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-15 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-45 mg QL (30 tabs / 30 days)	3	QL ST
dapagliflozin propanediol TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
exenatide SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	1	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 2.5mg QL (480 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
liraglutide (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
metformin hcl (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 625mg QL (120 tabs / 30 days)	4	NDS QL ST
metformin hcl TABS 750mg QL (90 tabs / 30 days)	4	NDS QL ST
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
metformin hcl TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
miglitol TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL PA
QL (1 pen / 28 days)		
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	QL
QL (30 tabs / 30 days)		
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1	QL
QL (30 tabs / 30 days)		
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1	QL
QL (30 tabs / 30 days)		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL
QL (90 tabs / 30 days)		
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1	QL
QL (90 tabs / 30 days)		
repaglinide TABS 2mg	1	QL
QL (240 tabs / 30 days)		
repaglinide TABS .5mg, 1mg	1	QL
QL (120 tabs / 30 days)		
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL PA
QL (30 tabs / 30 days)		
saxagliptin hcl TABS 2.5mg	1	QL
QL (30 tabs / 30 days)		
saxagliptin hcl (generic of ONGLYZA) TABS 5mg	1	QL
QL (30 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL
QL (60 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	QL
QL (30 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	QL
QL (30 tabs / 30 days)		
SEGLUROMET TAB 2.5-500	3	QL
QL (120 tabs / 30 days)		
SEGLUROMET TAB 2.5-1000	3	QL
QL (60 tabs / 30 days)		
SEGLUROMET TAB 7.5-500	3	QL
QL (60 tabs / 30 days)		
SEGLUROMET TAB 7.5-1000	3	QL
QL (60 tabs / 30 days)		
SITAG/METFOR TAB 50-500MG	3	QL ST
QL (60 tabs / 30 days)		
SITAG/METFOR TAB 50-1000	3	QL ST
QL (60 tabs / 30 days)		
SITAG/METFOR TAB 100-1000	3	QL ST
QL (30 tabs / 30 days)		
SITAGLIPTIN TABS 25mg, 50mg, 100mg	3	QL ST
QL (30 tabs / 30 days)		
STEGLATRO TABS 5mg	3	QL
QL (90 tabs / 30 days)		
STEGLATRO TABS 15mg	3	QL
QL (30 tabs / 30 days)		
STEGLUJAN TAB 5-100MG	3	QL
QL (30 tabs / 30 days)		
STEGLUJAN TAB 15-100MG	3	QL
QL (30 tabs / 30 days)		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG	2	QL
QL (120 tabs / 30 days)		
SYNJARDY TAB 5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-500	2	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 5-1000MG	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 10-1000	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 12.5-1000	2	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 25-1000	2	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	4	NDS NM PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL ST
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
AFREZZA POWD 4unit, 8unit	3	
AFREZZA POWD 12unit	4	NDS
AFREZZA POW 4-8 UNIT	4	NDS
AFREZZA POW 4-8-12	4	NDS
AFREZZA POW 8-12UNIT	4	NDS
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
APIDRA SOLN 100unit/ml	3	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	3	B/D
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	2	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMALOG SOCT 100unit/ml	3	
HUMALOG SOLN 100unit/ml	3	B/D
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMALOG TEMPO PEN SOPN 100unit/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	B/D
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
MERILOG SOLN 100unit/ml	3	B/D
MERILOG SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	B/D
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
calcitonin (salmon) inj (generic of MIACALCIN) SOLN 200unit/ml	4	NDS B/D
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
ibandronate sodium SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
ibandronate sodium TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
risedronate sodium TABS 5mg, 30mg, 150mg	1	
risedronate sodium (generic of ACTONEL) TABS 35mg	1	
risedronate sodium (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	4	NDS QL NM PA
teriparatide (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days) (generic of Forteo)	4	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
zoledronic acid CONC 4mg/5ml	1	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
deferasirox (generic of JADENU) TABS 90mg	1	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	1	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
deferiprone TABS 500mg	4	NDS NM PA
deferiprone (generic of FERRIPROX) TABS 1000mg	4	NDS NM PA
deferoxamine mesylate SOLR 2gm	1	NM PA
deferoxamine mesylate (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	4	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
trientine hcl (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
trientine hcl CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI TAB	3	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA TAB 0.1-20	3	
balziva	1	
BEYAZ TAB	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	

Drug Name	Drug Requirements/ Tier	Limits
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1	
elinest	1	
eluryng (generic of NUVARING)	1	
emzahh TABS .35mg	1	
enilloring (generic of NUVARING)	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV TAB 1/0.02MG	3	
finzala	1	
galbriela	1	
gemmily (generic of TAYTULLA)	1	
hailey 1.5/30	1	
hailey 24 fe	1	
haloette (generic of NUVARING)	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel (generic of YAZ)	1	
jolessa	1	
joyeaux (generic of BALCOLTRA)	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	1	

Drug Name	Drug Tier	Requirements/ Limits
levora 0.15/30-28	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna (generic of YAZ)	1	
low-ogestrel	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
merzee (generic of TAYTULLA)	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya (generic of BALCOLTRA)	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING MIS	3	
nylia 1/35	1	
nylia 7/7/7	1	
ocella (generic of YASMIN 28)	1	
orquidea TABS .35mg	1	
PHEXXI GEL	3	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
SAFYRAL TAB	3	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe	1	

Drug Name	Drug Requirements/ Tier	Limits
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
valtya 1/50	1	
velivet	1	
vestura (generic of YAZ)	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zafemy	1	
zovia 1/35	1	
zumandimine (generic of YASMIN 28)	1	
ESTROGENS		
abigale (generic of ACTIVELLA)	2	
abigale lo	2	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	

Drug Name	Drug Requirements/ Tier	Limits
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	
estradiol (generic of ESTROGEL) GEL .06%	3	
estradiol (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1	
estradiol valerate OIL 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
EVAMIST SOLN 1.53mg/spray	3	

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

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone TABS 32mg	1	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	1	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 5mg/5ml	3	B/D
prednisolone SOLN 15mg/5ml; TABS 5mg	1	B/D
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
taperdex 6-day TBPK 1.5mg	1	
taperdex 7-day TBPK 1.5mg	1	
taperdex 12-day TBPK 1.5mg	1	
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
glucagon (rdna) KIT 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ACTHAR GEL PEN 40unit/0.5ml QL (28 injectors / 28 days)	4	NDS QL NM PA
ACTHAR GEL PEN 80unit/ml QL (30 injectors / 30 days)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
betaine powder for oral solution (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
cabergoline TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
carglumic acid (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	4	NDS QL NM PA
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	4	NDS
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA
lanreotide acetate SOLN 120mg/0.5ml	4	NDS NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NDS NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NDS NM PA

Drug Name	Tier	Requirements/ Limits
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NDS NM PA
methergine TABS .2mg	4	NDS PA
methylergonovine maleate TABS .2mg	4	NDS PA
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	4	NDS NM PA
miglustat (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
octreotide acetate (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4	NDS NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM PA
ORIAHNN CAP	4	NDS PA
ORILISSA TABS 150mg, 200mg	4	NDS PA
OSPHENA TABS 60mg	3	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM PA
PHEBURANE PLLT 483mg/gm	4	NDS NM PA
POMBILITI SOLR 105mg	4	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVCOVI SOLN 2.4mg/1.5ml	4	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM PA
SYNAREL SOLN 2mg/ml	4	NDS PA
TEPEZZA SOLR 500mg	4	NDS NM PA
tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
tolvaptan tab therapy pack 30 & 15 mg	4	NDS NM PA
tolvaptan tab therapy pack 45 & 15 mg	4	NDS NM PA
tolvaptan tab therapy pack 60 & 30 mg	4	NDS NM PA
tolvaptan tab therapy pack 90 & 30 mg	4	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
yargesa (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
gallifrey TABS 5mg	1	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate TABS 5mg	1	
progesterone (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	
ERMEZA SOLN 150mcg/5ml	3	
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
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	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
paricalcitol CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ***ANTIEMETICS***		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
aprepitant CAPS 40mg, 125mg	1	B/D
aprepitant (generic of EMEND BIPACK) CAPS 80mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	3	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	NDS PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
meclizine hcl TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	1	QL PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron TBDP 16mg	4	NDS B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
promethazine hcl SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
scopolamine PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM

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

Drug Name	Tier	Requirements/ Limits
ANTISPASMODICS		
atropine sulfate (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	3	PA
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	1	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	1	QL
glycopyrrolate (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1	
methscopolamine bromide TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide CPEP 3mg QL (90 caps / 30 days)	1	QL
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
budesonide (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
mesalamine CPCR 500mg QL (240 caps / 30 days)	1	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	1	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	1	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
mesalamine TBEC 800mg QL (180 tabs / 30 days)	1	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
kristalose PACK 10gm QL (30 packets / 30 days)	1	QL PA
kristalose PACK 20gm QL (60 packets / 30 days)	1	QL PA
lactulose PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
lactulose PACK 20gm QL (60 packets / 30 days)	1	QL PA
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc (generic of MOVIPREP)	1	
PLENVU SOL	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
CARAFATE SUSP 1gm/10ml	3	ST
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	

Drug Name	Drug Tier	Requirements/ Limits
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	3	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM PA
HELIDAC MIS THERAPY	4	NDS
IBSRELA TABS 50mg QL (60 tabs / 30 days)	4	NDS QL PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
loperamide hcl CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
prucalopride succinate (generic of MOTEGRITY) TABS 1mg, 2mg	1	
PYLERA CAP	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	4	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
RELTONE CAPS 200mg, 400mg	4	NDS PA
SUCRAID SOLN 8500unit/ml	4	NDS NM PA
sucralfate (generic of CARAFATE) SUSP 1gm/10ml	1	ST
sucralfate (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
URSO FORTE TABS 500mg	3	

Drug Name	Drug Tier	Requirements/ Limits
URSODIOL CAPS 200mg, 400mg	4	NDS PA
ursodiol CAPS 300mg; TABS 250mg	1	
ursodiol (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA
XIFAXAN TABS 550mg	4	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
dexlansoprazole (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
esomeprazole magnesium (generic of NEXIUM) PACK 2.5mg, 5mg	1	
esomeprazole magnesium (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
esomeprazole sodium SOLR 40mg	1	
KONVOMEP SUS 2-84/ML QL (600 mL / 30 days)	3	QL PA
lansoprazole CPDR 15mg QL (60 caps / 30 days)	1	QL
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
lansoprazole (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate cap 20-1100 mg QL (30 caps / 30 days)	1	QL PA
omeprazole-sodium bicarbonate cap 40-1100 mg QL (30 caps / 30 days)	1	QL PA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg QL (30 packets / 30 days)	4	NDS QL PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg QL (30 packets / 30 days)	4	NDS QL PA
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	

Drug Name	Drug Tier	Requirements/ Limits
pantoprazole sodium (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	3	QL ST
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX PACK 40mg QL (30 packets / 30 days)	3	QL ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
rabeprazole sodium (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
silodosin (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
neomycin-polymyxin b gu irrigation soln	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	1	
potassium citrate (alkalinizer) TBCR 540mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM

Drug Name	Drug Tier	Requirements/ Limits
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
tiopronin (generic of THIOLA) TABS 100mg	4	NDS NM
tiopronin (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	4	NDS QL NM PA
QL (30 tabs / 30 days)		
venxxiva (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	1	QL ST
QL (30 tabs / 30 days)		
fesoterodine fumarate (generic of TOVIAZ) TB24 4mg, 8mg	1	QL
QL (30 tabs / 30 days)		
GEMTESA TABS 75mg	3	QL
QL (30 tabs / 30 days)		
mirabegron (generic of MYRBETRIQ) TB24 25mg, 50mg	1	QL
QL (30 tabs / 30 days)		
MYRBETRIQ SRER 8mg/ml	3	QL
QL (300 mL / 28 days)		
MYRBETRIQ TB24 25mg, 50mg	3	QL
QL (30 tabs / 30 days)		
oxybutynin chloride SOLN 5mg/5ml	1	QL
QL (600 mL / 30 days)		
oxybutynin chloride TABS 2.5mg	1	QL
QL (90 tabs / 30 days)		
oxybutynin chloride TABS 5mg	1	QL
QL (120 tabs / 30 days)		
oxybutynin chloride TB24 5mg	1	QL
QL (30 tabs / 30 days)		
oxybutynin chloride TB24 10mg, 15mg	1	QL
QL (60 tabs / 30 days)		
OXYTROL PTTW 3.9mg/24hr	3	QL ST
QL (8 patches / 28 days)		
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg	1	QL
QL (30 tabs / 30 days)		
tolterodine tartrate CP24 2mg, 4mg	1	QL
QL (30 caps / 30 days)		
tolterodine tartrate TABS 1mg	1	QL
QL (60 tabs / 30 days)		
tolterodine tartrate (generic of DETROL) TABS 2mg	1	QL
QL (60 tabs / 30 days)		
TOVIAZ TB24 4mg, 8mg	3	QL
QL (30 tabs / 30 days)		
trospium chloride CP24 60mg	1	QL
QL (30 caps / 30 days)		
trospium chloride TABS 20mg	1	QL
QL (60 tabs / 30 days)		
VESICARE TABS 5mg, 10mg	3	QL
QL (30 tabs / 30 days)		
VESICARE LS SUSP 5mg/5ml	3	QL
QL (300 mL / 30 days)		
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ***ANTICOAGULANTS***		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg	1	QL
QL (60 caps / 30 days)		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg	1	QL
QL (120 caps / 30 days)		
ELIQUIS TABS 2.5mg	2	QL
QL (60 tabs / 30 days)		
ELIQUIS TABS 5mg	2	QL
QL (74 tabs / 30 days)		
ELIQUIS STARTER PACK TBPK 5mg	2	QL
QL (74 tabs / 30 days)		
enoxaparin sodium (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	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg	3	QL
QL (60 caps / 30 days)		
PRADAXA CAPS 110mg	3	QL
QL (120 caps / 30 days)		
PRADAXA PACK 20mg, 150mg	4	NDS QL PA
QL (60 packets / 30 days)		
PRADAXA PACK 30mg, 40mg, 50mg, 110mg	4	NDS QL PA
QL (120 packets / 30 days)		
rivaroxaban (generic of XARELTO) TABS 2.5mg	1	QL
QL (60 tabs / 30 days)		
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	2	QL
QL (620 mL / 30 days)		
XARELTO TABS 2.5mg	2	QL
QL (60 tabs / 30 days)		
XARELTO TABS 10mg, 15mg, 20mg	2	QL
QL (30 tabs / 30 days)		
XARELTO STAR TAB 15/20MG	2	QL
QL (51 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN SOLN 20000unit/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA
RETACRIT SOLN 40000unit/ml	4	NDS NM PA
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)	4	NDS QL PA
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	4	NDS QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA

Drug Name	Tier	Requirements/ Limits
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM PA
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM PA
BKEMV SOLN 300mg/30ml	4	NDS NM PA
CABLIVI KIT 11mg	4	NDS NM PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DOPTELET TABS 20mg	4	NDS NM PA
eltrombopag olamine (generic of PROMACTA) PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
EPYSQLI SOLN 300mg/30ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
pentoxifylline TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS NM PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
tranexamic acid TABS 650mg	1	
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7% (generic of TRANEXAMIC ACID/SODIUM CH)	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS

Drug Name	Tier	Requirements/ Limits
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
CIMZIA KIT 200mg; PSKT 200mg/ml	4	NDS QL NM PA
QL (2 kits / 28 days)		
CIMZIA STARTER KIT PSKT 200mg/ml	4	NDS QL NM PA
QL (2 kits / year)		
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml	4	NDS QL NM PA
QL (16 syringes / 365 days)		
COSENTYX SOSY 150mg/ml	4	NDS QL NM PA
QL (32 syringes / 365 days)		
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	NDS QL NM PA
QL (32 pens / 365 days)		
COSENTYX UNOREADY SOAJ 300mg/2ml	4	NDS QL NM PA
QL (16 pens / 365 days)		
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	4	NDS QL NM PA
QL (4 pens / 28 days)		
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	4	NDS QL NM PA
QL (4 syringes / 28 days)		
EBGLYSS SOAJ 250mg/2ml	4	NDS QL NM PA
QL (20 pens / 365 days)		
EBGLYSS SOSY 250mg/2ml	4	NDS QL NM PA
QL (20 syringes / 365 days)		
ENBREL SOLN 25mg/0.5ml	4	NDS QL NM PA
QL (16 vials / 28 days)		
ENBREL SOSY 25mg/0.5ml	4	NDS QL NM PA
QL (16 syringes / 28 days)		
ENBREL SOSY 50mg/ml	4	NDS QL NM PA
QL (8 syringes / 28 days)		
ENBREL MINI SOCT 50mg/ml	4	NDS QL NM PA
QL (8 cartridges / 28 days)		
ENBREL SURECLICK SOAJ 50mg/ml	4	NDS QL NM PA
QL (8 pens / 28 days)		

Drug Name	Tier	Requirements/ Limits
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	4	NDS QL NM PA
QL (6 syringes / 28 days)		
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	4	NDS QL NM PA
QL (6 autoinjectors / 28 days)		
HUMIRA PSKT 10mg/0.1ml	4	NDS QL NM PA
QL (2 syringes / 28 days)		
HUMIRA PSKT 20mg/0.2ml	4	NDS QL NM PA
QL (4 syringes / 28 days)		
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	NDS QL NM PA
QL (6 syringes / 28 days)		
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	4	NDS QL NM PA
QL (6 pens / 28 days)		
HUMIRA PEN AJKT 80mg/0.8ml	4	NDS QL NM PA
QL (4 pens / 28 days)		
HUMIRA PEN KIT PS/UV	4	NDS QL NM PA
QL (3 pens / 28 days)		
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	4	NDS QL NM PA
QL (3 pens / 28 days)		
ILUMYA SOSY 100mg/ml	4	NDS QL NM PA
QL (6 syringes / 365 days)		
INFLECTRA SOLR 100mg	4	NDS NM PA
INFLIXIMAB SOLR 100mg	4	NDS NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	NDS QL NM PA
QL (2 pens / 28 days)		
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	4	NDS QL NM PA
QL (2 syringes / 28 days)		
KINERET SOSY 100mg/0.67ml	4	NDS QL NM PA
QL (28 syringes / 28 days)		
LITFULO CAPS 50mg	4	NDS QL NM PA
QL (28 caps / 28 days)		

Drug Name	Drug Tier	Requirements/ Limits
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OMVOH SOAJ 100mg/ml QL (2 pens / 28 days)	4	NDS QL NM PA
OMVOH SOLN 300mg/15ml	4	NDS NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	4	NDS QL NM PA
OMVOH SOSY 100/200 QL (2 syringes / 28 days)	4	NDS QL NM PA
ORENCIA SOLR 250mg	4	NDS NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4	NDS QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
STELARA SOLN 130mg/26ml	4	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
TALTZ SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	4	NDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 130mg/26ml	4	NDS NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg	1	
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
methotrexate sodium TABS 2.5mg	1	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	NM PA
PLAQUENIL TABS 200mg	3	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	NM PA
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA

Drug Name	Tier	Requirements/ Limits
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
CYTOGAM SOLN 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg	4	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg	4	NDS NM PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA

Drug Name	Tier	Requirements/ Limits
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARSUS XR TB24 4mg	4	NDS B/D NM
ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	4	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D

Drug Name	Tier	Requirements/ Limits
LUPKYNIS CAPS 7.9mg	4	NDS NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	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	4	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	

Drug Name	Drug Requirements/ Tier	Limits
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	

Drug Name	Drug Tier	Requirements/ Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
magnesium sulfate SOLN 50%	2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2	
MG SO4/D5W INJ 10MG/ML	2	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	1	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
potassium chloride SOLN 2meq/ml	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	

Drug Name	Drug Tier	Requirements/ Limits
WESTAB PLUS TAB 27-1MG	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
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%, 1.5%	1	
moxifloxacin hcl (ophth) SOLN .5% QL (12 mL / 30 days)	1	QL
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	1	QL
NATACYN SUSP 5%	3	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1	
polycin ophth oint	1	

Drug Name	Drug Tier	Requirements/ Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5% QL (12 mL / 30 days)	3	QL
XDEMVY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%	1	
bromfenac sodium (ophth) SOLN .09%	1	
bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
DEXYCU SUSP 9%	3	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	

Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
loteprednol etabonate (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .5%	3	

Drug Name	Drug Tier	Requirements/ Limits
bimatoprost SOLN .03%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	1	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
brinzolamide (generic of AZOPT) SUSP 1%	1	ST
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
tafluprost (generic of ZIOPTAN) SOLN .015mg/ml	1	
timolol hemihydrate (ophth) (generic of BETIMOL) SOLN .5%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1	
timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
travoprost (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
CEQUA SOLN .09% QL (60 single use vials / 30 days)	3	QL PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
CYSTADROPS SOLN .37%	4	NDS NM PA
CYSTARAN SOLN .44%	4	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	4	NDS NM PA
proparacaine hcl (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM PA
TYRVAYA SOLN .03mg/act	3	PA

Drug Name	Tier	Requirements/ Limits
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	4	NDS QL PA
VEVYE SOLN .1%	4	NDS PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
CIPRO HC SUS OTIC	3	
ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
flac (generic of DERMOTIC) OIL .01%	1	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
DUAKLIR AER 400/12 QL (1 inhaler / 30 days)	3	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	3	QL
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	3	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	3	QL
YUPELRI SOLN 175mcg/3ml	4	NDS PA

Drug Name	Tier	Requirements/ Limits
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3	QL
promethazine & phenylephrine syrup 6.25-5 mg/5ml PA applies if 65 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	1	
carbinoxamine maleate SOLN 4mg/5ml; TABS 6mg PA applies if 65 years and older	3	PA
carbinoxamine maleate TABS 4mg PA applies if 65 years and older	2	PA
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
clemastine fumarate SYRP .67mg/5ml QL (1800 mL / 30 days)	4	NDS QL PA
clemastine fumarate TABS 2.68mg PA applies if 65 years and older	2	PA
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
desloratadine (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
desloratadine TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	1	QL
olopatadine hcl (nasal) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
ryclora SOLN 2mg/5ml PA applies if 65 years and older	1	PA
ryvent TABS 6mg PA applies if 65 years and older	3	PA
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D

Drug Name	Tier	Requirements/ Limits
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
arformoterol tartrate (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
formoterol fumarate (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	1	
zileuton TB12 600mg QL (120 tabs / 30 days)	4	NDS QL ST
ZYFLO TABS 600mg QL (120 tabs / 30 days)	4	NDS QL ST
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
CINQAIR SOLN 100mg/10ml	4	NDS NM PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
elixophyllin ELIX 80mg/15ml	4	NDS
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Requirements/ Limits
FASENRA PEN SOAJ 30mg/ml	4	NDS QL NM PA
QL (1 pen / 28 days)		
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	4	NDS QL NM PA
QL (56 packets / 28 days)		
KALYDECO TABS 150mg	4	NDS QL NM PA
QL (60 tabs / 30 days)		
NUCALA SOAJ 100mg/ml	4	NDS QL NM PA
QL (3 pens / 28 days)		
NUCALA SOLR 100mg	4	NDS QL NM PA
QL (3 vials / 28 days)		
NUCALA SOSY 40mg/0.4ml	4	NDS QL NM PA
QL (1 syringe / 28 days)		
NUCALA SOSY 100mg/ml	4	NDS QL NM PA
QL (3 syringes / 28 days)		
OFEV CAPS 100mg, 150mg	4	NDS QL NM PA
QL (60 caps / 30 days)		
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ORKAMBI GRA 75-94MG	4	NDS QL NM PA
QL (56 packets / 28 days)		
ORKAMBI GRA 100-125	4	NDS QL NM PA
QL (56 packets / 28 days)		
ORKAMBI GRA 150-188	4	NDS QL NM PA
QL (56 packets / 28 days)		
ORKAMBI TAB 100-125	4	NDS QL NM PA
QL (112 tabs / 28 days)		
ORKAMBI TAB 200-125	4	NDS QL NM PA
QL (112 tabs / 28 days)		
pirfenidone (generic of ESBRIET) CAPS 267mg	4	NDS QL NM PA
QL (270 caps / 30 days)		
pirfenidone (generic of ESBRIET) TABS 267mg	4	NDS QL NM PA
QL (270 tabs / 30 days)		
pirfenidone TABS 534mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
pirfenidone (generic of ESBRIET) TABS 801mg	4	NDS QL NM PA
QL (90 tabs / 30 days)		
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
roflumilast (generic of DALIRESP) TABS 250mcg	1	QL
QL (56 tabs / year)		
roflumilast (generic of DALIRESP) TABS 500mcg	1	QL
QL (30 tabs / 30 days)		
SYMDEKO TAB 50-75MG	4	NDS QL NM PA
QL (56 tabs / 28 days)		
SYMDEKO TAB 100-150	4	NDS QL NM PA
QL (56 tabs / 28 days)		
TEZSPIRE SOAJ 210mg/1.91ml	4	NDS QL NM PA
QL (1 pen / 28 days)		
TEZSPIRE SOSY 210mg/1.91ml	4	NDS QL NM PA
QL (1 syringe / 28 days)		
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	4	NDS QL NM PA
QL (56 packs / 28 days)		
TRIKAFTA PAK 75MG	4	NDS QL NM PA
QL (56 packs / 28 days)		
TRIKAFTA TAB 50-25-37.5MG & 75MG	4	NDS QL NM PA
QL (84 tabs / 28 days)		
TRIKAFTA TAB 100-50-75MG & 150MG	4	NDS QL NM PA
QL (84 tabs / 28 days)		
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	4	NDS QL NM PA
QL (4 pens / 28 days)		
XOLAIR SOAJ 150mg/ml	4	NDS QL NM PA
QL (8 pens / 28 days)		
XOLAIR SOLR 150mg	4	NDS QL NM PA
QL (8 vials / 28 days)		
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	4	NDS QL NM PA
QL (4 syringes / 28 days)		

Drug Name	Tier	Requirements/ Limits
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 bottles / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	3	QL
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	3	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL
fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL
fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL PA
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	3	QL PA
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
adapalene (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
adapalene PADS .1% QL (28 swabs / 28 days)	4	NDS QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA
adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
clindacin FOAM 1% QL (100 gm / 30 days)	1	QL
clindacin etz pledgets SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindacin-p SWAB 1% QL (69 pledgets / 30 days)	1	QL
CLINDAGEL GEL 1% QL (75 mL / 30 days)	4	NDS QL PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	1	QL
clindamycin phosphate (topical) FOAM 1% QL (100 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1-5% QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-tretinoin gel 1.2-0.025% QL (60 gm / 30 days)	1	QL PA
dapsone (topical) (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN CREA .1% QL (45 gm / 30 days)	3	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
erythromycin (acne aid) (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits
isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg	1	PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
neuac gel 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
tretinoin (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
tretinoin microsphere GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	1	QL PA
SILVADENE CREA 1%	3	
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77% QL (100 gm / 30 days)	1	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ketoconazole (topical) CREA 2%	1	QL
QL (60 gm / 30 days)		
ketoconazole (topical) FOAM 2%	1	QL PA
QL (100 gm / 30 days)		
ketoconazole (topical) SHAM 2%	1	QL
QL (120 mL / 30 days)		
ketodan FOAM 2%	1	QL PA
QL (100 gm / 30 days)		
klayesta POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
luliconazole CREA 1%	1	QL ST
QL (60 gm / 30 days)		
LUZU CREA 1%	3	QL ST
QL (60 gm / 30 days)		
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL PA
QL (50 gm / 30 days)		
naftifine hcl CREA 1%	1	QL
QL (90 gm / 30 days)		
naftifine hcl CREA 2%	1	QL
QL (60 gm / 30 days)		
naftifine hcl (generic of NAFTIN) GEL 2%	1	QL
QL (60 gm / 30 days)		
NAFTIN GEL 2%	3	QL
QL (60 gm / 30 days)		
nyamyc POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL
QL (30 gm / 30 days)		
nystatin (topical) POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
nystop POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
oxiconazole nitrate CREA 1%	1	QL PA
QL (90 gm / 30 days)		
OXISTAT LOTN 1%	3	QL PA
QL (60 mL / 30 days)		
selenium sulfide LOTN 2.5%	1	
VUSION OIN	3	QL PA
QL (50 gm / 30 days)		
ZORYVE FOAM .3%	3	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL PA
QL (120 gm / 30 days)		
CALCIPOTRIENE FOAM .005%	4	NDS QL PA
QL (120 gm / 30 days)		
calcipotriene SOLN .005%	1	QL PA
QL (120 mL / 30 days)		
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	QL PA
QL (400 gm / 28 days)		
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic of TACLONEX)	1	QL PA
QL (420 gm / 28 days)		
calcitrene OINT .005%	1	QL PA
QL (120 gm / 30 days)		
calcitriol (topical) OINT 3mcg/gm	1	QL PA
QL (800 gm / 28 days)		
ENSTILAR AER	4	NDS QL PA
QL (120 gm / 30 days)		
methoxsalen rapid CAPS 10mg	4	NDS
SORILUX FOAM .005%	4	NDS QL PA
QL (120 gm / 30 days)		
TACLONEX SUS	4	NDS QL PA
QL (420 gm / 28 days)		
tazarotene (generic of TAZORAC) CREA .05%, .1%	1	QL PA
QL (60 gm / 30 days)		
tazarotene (generic of TAZORAC) GEL .05%, .1%	1	QL PA
QL (100 gm / 30 days)		
TAZORAC CREA .05%, .1%	3	QL PA
QL (60 gm / 30 days)		
TAZORAC GEL .05%, .1%	3	QL PA
QL (100 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
VECTICAL OINT 3mcg/gm QL (800 gm / 28 days)	4	NDS QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-scalp LOTN 2% QL (60 mL / 30 days)	4	NDS QL
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
amcinonide CREA .1%; OINT .1% QL (60 gm / 30 days)	4	NDS QL PA
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
betamethasone dipropionate augmented CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	1	QL
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
betamethasone valerate CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	1	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL PA
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
clobetasol propionate FOAM .05% QL (100 gm / 30 days)	1	QL
clobetasol propionate (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
clobetasol propionate (generic of CLOBEX) LOTN .05% QL (118 mL / 30 days)	1	QL
clobetasol propionate (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	1	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	1	QL
clobetasol propionate emulsion FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL
clocortolone pivalate (generic of CLODERM) CREA .1% QL (90 gm / 30 days)	1	QL PA
clodan (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTHE/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTHE/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
desonide (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
desonide GEL .05%	1	QL PA
QL (60 gm / 30 days)		
desonide LOTN .05%	1	QL
QL (118 mL / 30 days)		
desonide OINT .05%	1	QL
QL (60 gm / 30 days)		
DESOWEN CREA .05%	3	QL PA
QL (60 gm / 30 days)		
desoximetasone CREA .05%	1	QL PA
QL (100 gm / 30 days)		
desoximetasone CREA .25%	1	QL
QL (100 gm / 30 days)		
desoximetasone GEL .05%	1	QL PA
QL (60 gm / 30 days)		
desoximetasone (generic of TOPICORT) LIQD .25%	1	QL
QL (100 mL / 30 days)		
desoximetasone (generic of TOPICORT) OINT .05%	1	QL PA
QL (100 gm / 30 days)		
desoximetasone (generic of TOPICORT) OINT .25%	1	QL
QL (100 gm / 30 days)		
diflorasone diacetate CREA .05%; OINT .05%	1	QL PA
QL (60 gm / 30 days)		
DIPROLENE OINT .05%	3	QL
QL (120 gm / 30 days)		
DUOBRII LOT	4	NDS QL PA
QL (200 gm / 28 days)		
EPIFOAM AER 1%	3	
fluocinolone acetonide CREA .01%	1	QL
QL (60 gm / 30 days)		
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%	1	QL
QL (120 gm / 30 days)		
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01%	1	QL
QL (118.28 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01%	1	QL
QL (118.28 mL / 30 days)		
fluocinolone acetonide SOLN .01%	1	QL
QL (60 mL / 30 days)		
fluocinonide (generic of VANOS) CREA .1%	1	QL
QL (120 gm / 30 days)		
fluocinonide CREA .05%	1	QL
QL (120 gm / 30 days)		
fluocinonide GEL .05%; OINT .05%	1	QL
QL (60 gm / 30 days)		
fluocinonide SOLN .05%	1	QL
QL (60 mL / 30 days)		
fluocinonide emulsified base CREA .05%	1	QL
QL (120 gm / 30 days)		
flurandrenolide CREA .05%	1	QL PA
QL (120 gm / 30 days)		
flurandrenolide LOTN .05%	1	QL PA
QL (120 mL / 30 days)		
fluticasone propionate CREA .05%; OINT .005%	1	
fluticasone propionate LOTN .05%	1	QL
QL (120 mL / 30 days)		
halcinonide (generic of HALOG) CREA .1%	1	QL PA
QL (240 gm / 30 days)		
halcinonide SOLN .1%	1	QL PA
QL (120 mL / 30 days)		
halobetasol propionate CREA .05%; OINT .05%	1	QL
QL (50 gm / 30 days)		
halobetasol propionate (generic of LEXETTE) FOAM .05%	1	QL PA
QL (200 gm / 28 days)		
HALOG CREA .1%	3	QL PA
QL (240 gm / 30 days)		
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
hydrocortisone (topical) LOTN 2% QL (60 mL / 30 days)	4	NDS QL
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	1	QL
hydrocortisone butyrate CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
hydrocortisone butyrate LOTN .1% QL (118 mL / 30 days)	1	QL PA
hydrocortisone butyrate SOLN .1% QL (60 mL / 30 days)	1	QL
hydrocortisone valerate CREA .2%; OINT .2% QL (60 gm / 30 days)	1	QL
LEXETTE FOAM .05% QL (200 gm / 28 days)	3	QL PA
LOCOID LOTN .1% QL (118 mL / 30 days)	3	QL PA
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
texacort SOLN 2.5%	1	
TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
TOPICORT OINT .05% QL (100 gm / 30 days)	3	QL PA
tovet FOAM .05% QL (100 gm / 30 days)	1	QL
triamcinolone acetonide (topical) AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triamcinolone acetonide (topical) OINT .05% QL (430 gm / 30 days)	1	QL PA
triderm CREA .5% QL (454 gm / 30 days)	1	QL
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
glydo PRSY 2% QL (60 mL / 30 days)	1	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	1	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	1	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
acyclovir topical (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
azelaic acid (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
brimonidine tartrate (topical) (generic of MIRVASO) GEL .33%	1	QL PA
QL (30 gm / 30 days)		
CONDYLOX GEL .5%	3	QL
QL (7 gm / 28 days)		
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL
QL (5 gm / 30 days)		
diclofenac sodium (actinic keratoses) GEL 3%	1	QL PA
QL (100 gm / 30 days)		
diclofenac sodium (topical) SOLN 1.5%	1	QL
QL (300 mL / 28 days)		
diclofenac sodium (topical) (generic of PENNSAID) SOLN 2%	1	QL PA
QL (224 gm / 28 days)		
doxepin hcl (antipruritic) (generic of PRUDOXIN) CREA 5%	1	QL PA
QL (45 gm / 30 days)		
doxycycline (rosacea) (generic of ORACEA) CPDR 40mg	1	
ELIDEL CREA 1%	3	QL PA
QL (100 gm / 30 days)		
EPSOLAY CREA 5%	3	QL PA
QL (30 gm / 30 days)		
EUCRISA OINT 2%	3	QL PA
QL (120 gm / 30 days)		
FINACEA FOAM 15%	3	QL PA
QL (50 gm / 30 days)		
fluorouracil (topical) CREA 5%	1	QL
QL (40 gm / 30 days)		
fluorouracil (topical) SOLN 2%, 5%	1	QL
QL (10 mL / 30 days)		
hydrocortisone (rectal) CREA 1%	1	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	4	NDS QL NM PA
QL (20 gm / 25 days)		

Drug Name	Drug Requirements/ Tier	Limits
imiquimod (generic of ZYCLARA) CREA 3.75%	1	QL
QL (28 packets / 28 days)		
imiquimod CREA 5%	1	QL
QL (24 packets / 30 days)		
imiquimod pump (generic of ZYCLARA) CREA 3.75%	1	QL
QL (7.5 gm / 28 days)		
ivermectin (rosacea) (generic of SOOLANTRA) CREA 1%	1	QL PA
QL (45 gm / 30 days)		
KLISYRI OINT 1%	4	NDS QL PA
QL (5 packets / 30 days)		
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL PA
QL (45 gm / 30 days)		
METROLOTION LOTN .75%	3	QL PA
QL (59 mL / 30 days)		
metronidazole (topical) (generic of METROCREAM) CREA .75%	1	QL
QL (45 gm / 30 days)		
metronidazole (topical) (generic of METROGEL) GEL 1%	1	QL
QL (60 gm / 30 days)		
metronidazole (topical) GEL .75%	1	QL
QL (45 gm / 30 days)		
metronidazole (topical) (generic of METROLOTION) LOTN .75%	1	QL
QL (59 mL / 30 days)		
MIRVASO GEL .33%	3	QL PA
QL (30 gm / 30 days)		
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4%	1	QL
QL (30 gm / 30 days)		
NORITATE CREA 1%	4	NDS QL PA
QL (60 gm / 30 days)		
OPZELURA CREA 1.5%	4	NDS QL PA
QL (240 gm / 28 days)		
ORACEA CPDR 40mg	3	

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
penciclovir (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
pimecrolimus (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
podofilox (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days)	1	QL
podofilox SOLN .5% QL (7 mL / 28 days)	1	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	1	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOOLANTRA CREA 1% QL (45 gm / 30 days)	3	QL PA
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVMI GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX CREA 5% QL (5 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	4	NDS QL
ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days)	4	NDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
malathion LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
permethrin (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
pruradik LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
spinosad SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10% QL (30 tubes / 30 days)	4	NDS QL NM PA
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL PA
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl (generic of EVOXAC) CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
kourzeq PSTE .1%	1	

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	1	
periogard (generic of PERIDEX) SOLN .12%	1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	1	

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MIDWEST OPERATING ENGINEERS
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Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-833-252-6641 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 08/27/2025. For more recent information or other questions, please contact Customer Care at 1-833-252-6641, 24 hours a day, 7 days a week. TTY users should call 711.

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

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