



P.O. Box 30006, Pittsburgh, PA 15222-0330



***SilverScript Employer PDP sponsored by Montgomery
County Government (SilverScript)***

**2024 Formulary
(List of Covered Drugs)**

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

This formulary was updated on 08/25/2023. For more recent information or other questions, please contact Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: Montgomery County Government provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by Montgomery County Government covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefit.

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits and/or prior authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

This formulary is current as of January 1, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don’t get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

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

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

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

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

What if my drug is not on the Formulary?

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

If you learn that 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.

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

How do I request an exception to the SilverScript Formulary?

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

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

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

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

	Network Retail Pharmacy (Up to a 30-day supply available at any network pharmacy)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$10.00	\$10.00
Tier 2: Preferred Brand	\$20.00	\$20.00	\$20.00
Tier 3: Non-Preferred Brand	\$35.00	\$35.00	\$35.00

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Costs shown in the table above reflect the additional coverage that may be provided by Montgomery County Government. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Montgomery County Government would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>ketorolac tromethamine</i> TABS 10mg	1	
ALLOPURINOL TABS 200mg	3		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1		<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>naproxen</i> TABS 250mg, 375mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA PA	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
MITIGARE CAPS .6mg	2		<i>naproxen sodium</i> TABS 275mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
NSAIDS			OPIOID ANALGESICS, LONG-ACTING		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1		BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA
<i>diclofenac potassium</i> TABS 50mg	1		QL (60 buccal films / 30 days)		
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		BELBUCA FILM 750mcg, 900mcg	3	NDS QL PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1		QL (60 buccal films / 30 days)		
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1		<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL PA
<i>diflunisal</i> TABS 500mg	1		QL (4 patches / 28 days)		
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		QL (10 patches / 30 days)		
<i>etodolac</i> (generic of LODINE) TABS 400mg	1				
<i>flurbiprofen</i> TABS 100mg	1				
<i>ibu</i> TABS 400mg, 600mg, 800mg	1				
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-</i> <i>16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA	HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL	<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days)	1	QL	OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL	OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL	<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL	<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml</i>	3	B/D	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL	<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
			<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> QL (1800 mL / 30 days)	1	QL
			<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL	CLINDMYC/NAC INJ 300/50ML	3	
<i>trezix</i> QL (300 caps / 30 days)	1	QL	CLINDMYC/NAC INJ 600/50ML	3	
ANESTHETICS			CLINDMYC/NAC INJ 900/50ML	3	
LOCAL ANESTHETICS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	DALVANCE SOLR 500mg	3	NDS
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>dapsone</i> TABS 25mg, 100mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	DAPTOMYCIN SOLR 350mg	3	NDS
ANTI-INFECTIVES			<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
ANTI-INFECTIVES - MISCELLANEOUS			<i>daptomycin</i> SOLR 500mg	3	NDS
AEMCOLO TBEC 194mg	3		EMVERM CHEW 100mg	3	NDS
<i>albendazole</i> TABS 200mg	3	NDS	<i>ertapenem sodium</i> SOLR 1gm	1	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA	<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
CAYSTON SOLR 75mg	3	NDS NM LA PA	<i>gentamicin in saline inj 2 mg/ml</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	3	NDS
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	3	NDS
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS
LINEZOLID INJ 2MG/ML	1	
MEROP/NAACL INJ 1GM/50ML	3	
MEROP/NAACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg	3	NDS
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
<i>paromomycin sulfate</i> CAPS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg, 250mg	1		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 50mg/ml	1		<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3		<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
VANCOMYCIN INJ 1 GM	3		<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
VANCOMYCIN INJ 500MG	3		<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
VANCOMYCIN INJ 750MG	3		<i>ketoconazole</i> TABS 200mg	1	
VIBATIV SOLR 750mg	3	NDS	<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM	NOXAFIL PACK 300mg	3	NDS PA
XIFAXAN TABS 200mg	3		<i>nystatin</i> TABS 500000unit	1	
ZEMDRI SOLN 500mg/10ml	3	NDS	<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
ZYVOX SOLN 200mg/100ml	3	NDS	<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml; TBEC 100mg	3	NDS PA
ANTIFUNGALS			<i>terbinafine hcl</i> TABS 250mg	1	
ABELCET SUSP 5mg/ml	3	B/D	TOLSURA CAPS 65mg	3	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	VIVJOA CPPK 150mg	3	
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D	<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1		<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA	<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	PA
ERAXIS SOLR 50mg	3		ANTIMALARIALS		
ERAXIS SOLR 100mg	3	NDS	<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1		<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>fluconazole</i> TABS 50mg	1		<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1		COARTEM TAB 20-120MG	3	
			KRINTAFEL TABS 150mg	3	
			<i>mefloquine hcl</i> TABS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg, 800mg	3	NDS NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM LA
INTELENCE TABS 25mg	3	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg	3	NDS NM
PREZISTA TABS 75mg	3	NM
REYATAZ PACK 50mg	3	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	3	NDS NM
SELZENTRY TABS 25mg	3	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
SUNLENCA TBPK 300mg	3	NDS NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NDS NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTI-RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	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	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NDS NM
TRIUMEQ TAB	3	NDS NM
TRIZIVIR TAB	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg	1	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin (generic of MYCOBUTIN) CAPS 150mg	1	
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA
TRECTOR TABS 250mg	3	
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	3	NDS NM
cidofovir SOLN 75mg/ml	1	
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HARVONI TAB 45-200MG	3	NDS NM PA	<i>cefazolin sodium</i> SOLR 1gm, 1		
HARVONI TAB 90-400MG	3	NDS NM PA	2gm, 10gm, 500mg		
<i>lamivudine (hbv)</i> TABS	1	NM	CEFAZOLIN SOLN	3	
100mg			2GM/100ML-4%		
LIVTENCITY TABS 200mg	3	NDS NM LA PA	<i>cefdinir</i> CAPS 300mg; SUSR 1		
			125mg/5ml, 250mg/5ml		
MAVYRET PAK 50-20MG	3	NDS NM PA	CEFEPIME SOLN 1gm/50ml, 3		
MAVYRET TAB 100-40MG	3	NDS NM PA	2gm/100ml		
<i>oseltamivir phosphate</i>	1		<i>cefepime hcl</i> SOLR 1gm, 1		
(generic of TAMIFLU) CAPS			2gm		
30mg, 45mg, 75mg; SUSR			CEFEPIME/DEX INJ 1GM	3	
6mg/ml			CEFEPIME/DEX INJ 2GM	3	
PEGASYS SOLN 180mcg/ml; 3	NDS	NM PA	<i>cefixime</i> (generic of SUPRAX) 1		
SOSY 180mcg/0.5ml			CAPS 400mg; SUSR		
PREVYMIS SOLN	3	NDS	200mg/5ml		
240mg/12ml, 480mg/24ml;			<i>cefixime</i> SUSR 100mg/5ml	1	
TABS 240mg, 480mg			<i>cefotetan disodium</i> SOLR	1	
RAPIVAB SOLN 200mg/20ml	3	NDS	1gm, 2gm		
RELENZA DISKHALER	2		CEFOXITIN INJ 1GM	3	
AEPB 5mg/blister			CEFOXITIN INJ 2GM	3	
<i>ribavirin (hepatitis c)</i> CAPS	1	NM	<i>cefoxitin sodium</i> SOLR 1gm, 1		
200mg; TABS 200mg			2gm, 10gm		
<i>rimantadine hydrochloride</i>	1		<i>cefpodoxime proxetil</i> SUSR 1		
TABS 100mg			50mg/5ml, 100mg/5ml; TABS		
SITAVIG TABS 50mg	3	NDS	100mg, 200mg		
<i>valacyclovir hcl</i> (generic of	1		<i>cefprozil</i> SUSR 125mg/5ml, 1		
VALTREX) TABS 1gm,			250mg/5ml; TABS 250mg,		
500mg			500mg		
<i>valganciclovir hcl</i> (generic of	3	NDS	<i>ceftazidime</i> SOLR 1gm, 2gm, 1		
VALCYTE) SOLR 50mg/ml			6gm		
<i>valganciclovir hcl</i> (generic of	1		CEFTAZIDIME/ SOL D5W	3	
VALCYTE) TABS 450mg			1GM		
VEMLIDY TABS 25mg	3	NDS NM	CEFTAZIDIME/ SOL D5W	3	
VOSEVI TAB	3	NDS NM PA	2GM		
XOFLUZA TBPK 40mg,	3		<i>ceftriaxone sodium</i> SOLR	1	
80mg			1gm, 2gm, 10gm, 250mg,		
			500mg		
CEPHALOSPORINS			<i>cefuroxime axetil</i> TABS	1	
AVYCAZ INJ 2-0.5GM	3	NDS	250mg, 500mg		
<i>cefaclor</i> CAPS 250mg,	1		<i>cefuroxime sodium</i> SOLR	1	
500mg; SUSR 125mg/5ml,			1.5gm, 750mg		
250mg/5ml, 375mg/5ml			<i>cephalexin</i> CAPS 250mg,	1	
CEFACLOR ER TB12 500mg	3		500mg, 750mg; SUSR		
<i>cefadroxil</i> CAPS 500mg;	1		125mg/5ml, 250mg/5ml;		
SUSR 250mg/5ml,			TABS 250mg, 500mg		
500mg/5ml; TABS 1gm			FETROJA SOLR 1gm	3	NDS
CEFAZOLIN SOLR 2gm,	3		SUPRAX CHEW 100mg,	3	
3gm			200mg; SUSR 500mg/5ml		
CEFAZOLIN INJ 1GM/50ML	3				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		<i>ciprofloxacin</i> SUSR 5gm/100ml	1	
TEFLARO SOLR 400mg, 600mg	3	NDS	<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
ZERBAXA INJ 1.5GM	3	NDS	<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
ERYTHROMYCINS/MACROLIDES			<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>azithromycin</i> PACK 1gm; TABS 600mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1		<i>moxifloxacin hcl</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>erythrocin stearate</i> TABS 250mg	1		MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		PENICILLINS		
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1		<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1		<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml	3				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	1		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin CAPS 500mg</i>	1		PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
BICILLIN C-R INJ 900/300	3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
BICILLIN C-R INJ 1200000	3		ZOSYN SOL 2-0.25GM	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3		ZOSYN SOL 3-0.375G	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1		ZOSYN SOL 4-0.50GM	3	
NAFCILLIN INJ 1GM/50ML	3	NDS	TETRACYCLINES		
NAFCILLIN INJ 2GM/100	3	NDS	<i>demeclocycline hcl TABS 150mg, 300mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1		<i>doxy 100 SOLR 100mg</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	3	NDS	<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg</i>	1	
OXACILLIN INJ 1GM	3		<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml</i>	1	
OXACILLIN INJ 2GM	3		<i>doxycycline hyclate CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
MINOLIRA TB24 105mg, 135mg	3	
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2gm	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ZEPZELCA SOLR 4mg	3	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml	3	B/D
INFUGEM SOL 1200MG	3	NDS B/D
INFUGEM SOL 1300MG	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INFUGEM SOL 1400MG	3	NDS B/D	FIRMAGON SOLR 80mg	3	NM PA
INFUGEM SOL 1500MG	3	NDS B/D	FIRMAGON SOLR	3	NDS NM PA
INFUGEM SOL 1600MG	3	NDS B/D	120mg/vial		
INFUGEM SOL 1700MG	3	NDS B/D	<i>fulvestrant</i> (generic of	3	NDS B/D
INFUGEM SOL 1800MG	3	NDS B/D	FASLODEX) SOSY		
INFUGEM SOL 1900MG	3	NDS B/D	250mg/5ml		
INFUGEM SOL 2000MG	3	NDS B/D	<i>hydroxyprogesterone</i>	3	NDS B/D
INFUGEM SOL 2200MG	3	NDS B/D	<i>caproate</i> (antineoplastic)		
INQOVI TAB 35-100MG	3	NDS NM LA PA	SOLN 1.25gm/5ml		
LONSURF TAB 15-6.14	3	NDS NM LA PA	<i>letrozole</i> (generic of	1	
LONSURF TAB 20-8.19	3	NDS NM LA PA	FEMARA) TABS 2.5mg		
<i>mercaptopurine</i> TABS 50mg	1		LEUPROLIDE ACETATE INJ	3	NM PA
<i>methotrexate sodium</i> SOLN	1	B/D	22.5mg		
1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm			<i>leuprolide acetate</i> KIT	1	NM PA
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA	1mg/0.2ml		
PEMETREXED SOLN	3	NDS B/D	LUPRON DEPOT (1-MONTH)	3	NDS NM PA
1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg			KIT 3.75mg, 7.5mg		
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D	LUPRON DEPOT (3-MONTH)	3	NDS NM PA
<i>pemetrexed disodium</i> SOLR	3	NDS B/D	KIT 11.25mg, 22.5mg		
750mg, 1000mg			LUPRON DEPOT (4-MONTH)	3	NDS NM PA
PURIXAN SUSP	3	NDS NM LA	KIT 30mg		
2000mg/100ml			LUPRON DEPOT (6-MONTH)	3	NDS NM PA
TABLOID TABS 40mg	3		KIT 45mg		
HORMONAL ANTINEOPLASTIC AGENTS			LYSODREN TABS 500mg	3	NDS NM LA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA	<i>megestrol acetate</i> TABS	2	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1		20mg, 40mg		
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1		<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA	NUBEQA TABS 300mg	3	NDS NM LA PA
EMCYT CAPS 140mg	3	NDS	ORGOVYX TABS 120mg	3	NDS NM LA PA
ERLEADA TABS 60mg, 240mg	3	NDS NM LA PA	ORSERDU TABS 86mg, 345mg	3	NDS NM LA PA
EULEXIN CAPS 125mg	3	NDS	SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1		<i>tamoxifen citrate</i> TABS	1	
			10mg, 20mg		
			<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
			TRELSTAR MIXJECT SUSR	2	NM PA
			3.75mg, 11.25mg, 22.5mg		
			XTANDI CAPS 40mg; TABS	3	NDS NM LA PA
			40mg, 80mg		
			YONSA TABS 125mg	3	NDS NM LA PA
			ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
WELIREG TABS 40mg	3	NDS NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	NDS B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	3	NDS NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
ALUNBRIG PAK	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
BELEODAQ SOLR 500mg	3	NDS NM LA PA
BESPONSA SOLR .9mg	3	NDS NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	3	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM LA PA
BRUKINSA CAPS 80mg	3	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM LA PA
CALQUENCE CAPS 100mg; TABS 100mg	3	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA
COTELLIC TABS 20mg	3	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA
DARZALEX SOL FASPRO	3	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ENHERTU SOLR 100mg	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM PA
EXKIVITY CAPS 40mg	3	NDS NM LA PA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM LA PA
FYARRO SUSR 100mg	3	NDS NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NDS NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA PA
HERCEP HYLEC SOL 60-10000	3	NDS NM LA PA
HERCEPTIN SOLR 150mg	3	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM LA PA
IDHIFA TABS 50mg, 100mg	3	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA	LENVIMA CAP 18 MG	3	NDS NM LA PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM LA PA	LENVIMA CAP 24 MG	3	NDS NM LA PA
INLYTA TABS 1mg, 5mg	3	NDS NM LA PA	LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
INREBIC CAPS 100mg	3	NDS NM LA PA	LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA	LUMAKRAS TABS 120mg, 320mg	3	NDS NM LA PA
JAYPIRCA TABS 50mg, 100mg	3	NDS NM LA PA	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM LA PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA	LYNPARZA TABS 100mg, 150mg	3	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA
KANJINTI SOLR 150mg, 420mg	3	NDS NM LA PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA	MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg	3	NDS NM PA	MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM LA PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA	MEKTOVI TABS 15mg	3	NDS NM LA PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA	MONJUVI SOLR 200mg	3	NDS NM LA PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA	MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
KRAZATI TABS 200mg	3	NDS NM LA PA	NERLYNX TABS 40mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA	NEXAVAR TABS 200mg	3	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	ODOMZO CAPS 200mg	3	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	OGIVRI SOLR 150mg	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA	OGIVRI INJ 420MG	3	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA
LENVIMA CAP 14 MG	3	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OPDUALAG SOL	3	NDS NM LA PA	TABRECTA TABS 150mg, 200mg	3	NDS NM PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA	TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA	TAGRISSE TABS 40mg, 80mg	3	NDS NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM LA PA	TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM LA PA
PHESGO SOL	3	NDS NM LA PA	TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA	TAZVERIK TABS 200mg	3	NDS NM LA PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA	TECENTRIQ SOLN	3	NDS NM LA PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA	TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM LA PA
POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA	TEPMETKO TABS 225mg	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA	TIBSOVO TABS 250mg	3	NDS NM LA PA
QINLOCK TABS 50mg	3	NDS NM LA PA	TIVDAK SOLR 40mg	3	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA	TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
REZLIDHIA CAPS 150mg	3	NDS NM LA PA	TRODELVY SOLR 180mg	3	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA PA	TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA	TURALIO CAPS 125mg	3	NDS NM LA PA
RYDAPT CAPS 25mg	3	NDS NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM LA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA	VENCLEXTA TABS 10mg	3	NM LA PA
SCSEMBLIX TABS 20mg, 40mg	3	NDS NM PA	VENCLEXTA TABS 50mg, 100mg	3	NDS NM LA PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA	VENCLEXTA TAB START PK	3	NDS NM LA PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA
STIVARGA TABS 40mg	3	NDS NM LA PA	VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA PA

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

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1		<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1		<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1		<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1		<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1		<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1		<i>QBRELIS SOLN 1mg/ml</i>	3	NDS
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1		<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1		<i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1		<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1				
<i>trandolapril-verapamil hcl tab 1-240 mg</i>	1		ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>trandolapril-verapamil hcl tab 2-180 mg</i>	1		<i>CAROSPIR SUSP 25mg/5ml</i>	3	
<i>trandolapril-verapamil hcl tab 2-240 mg</i>	1		<i>eplerenone (generic of INSPRA) TABS 25mg, 50mg</i>	1	
<i>trandolapril-verapamil hcl tab 4-240 mg</i>	1		<i>KERENDIA TABS 10mg, 20mg</i>	2	
			<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	1	
ACE INHIBITORS					
<i>benazepril hcl TABS 5mg</i>	1		ALPHA BLOCKERS		
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1		<i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1		<i>prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg</i>	1	
<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1		<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
			ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
			<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	1	
			<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	1	

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

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

Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR)	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR)	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR)	1
<i>telmisartan-amlodipine tab 40-5 mg</i>	1
<i>telmisartan-amlodipine tab 40-10 mg</i>	1
<i>telmisartan-amlodipine tab 80-5 mg</i>	1
<i>telmisartan-amlodipine tab 80-10 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	1
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	1
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	1
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	1
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	1
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	1
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	1
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	1

Drug Name	Drug Requirements/ Tier Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1
EDARBI TABS 40mg, 80mg	3
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	1
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	1
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1
ANTIARRHYTHMICS	
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1 NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1
MULTAQ TABS 400mg	3
NORPACE CR CP12 100mg, 150mg	3
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1
<i>quinidine sulfate</i> TABS 200mg, 300mg	1
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1

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

Drug Name	Drug Requirements/ Tier	Limits
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS
ATORVALIQ SUSP 20mg/5ml	3	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
LIVALO TABS 1mg, 2mg, 4mg	3	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REPATHA SOSY 140mg/ml	2	NM PA	KAPSPARGO SPRINKLE	3	
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA	CS24 25mg, 50mg, 100mg, 200mg		
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA	<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
VASCEPA CAPS .5gm, 1gm	2		<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
BETA-BLOCKER/DIURETIC COMBINATIONS			<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1		<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1		<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1		<i>nadolol</i> TABS 80mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1		<i>pindolol</i> TABS 5mg, 10mg	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1		<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1		<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
BETA-BLOCKERS			CALCIUM CHANNEL BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		DIURETICS		
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		<i>amiloride hcl</i> TABS 5mg	1	
KATERZIA SUSP 1mg/ml	3		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
NICARDIPINE SOL 20/200ML	3		<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
NICARDIPINE SOL 40/200ML	3		DIURIL SUSP 250mg/5ml	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>nimodipine</i> CAPS 30mg	1		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
NORLIQVA SOLN 1mg/ml	3		<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
NYMALIZE SOLN 6mg/ml	3	NDS	<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>tiadyt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		SOAANZ TABS 20mg, 40mg, 60mg	3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1		<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
			THALITONE TABS 15mg	3	
			<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
			<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
MISCELLANEOUS			<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	1		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1		CORLANOR SOLN 5mg/5ml; 2 TABS 5mg, 7.5mg	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1		<i>digoxin</i> SOLN .05mg/ml	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg, 200mg, 300mg	3	NDS NM PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1		<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1		<i>guanfacine hcl</i> TABS 1mg, 2mg	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1		<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1		<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1		LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1		<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	3	NDS
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1		<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3		<i>minoxidil</i> TABS 2.5mg, 10mg	1	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM LA PA	<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS
			<i>ranolazine</i> TB12 500mg, 1000mg	1	
			VERQUVO TABS 2.5mg, 5mg, 10mg	2	
			VYNDAMAX CAPS 61mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VYNDAQEL CAPS 20mg	3	NDS NM LA PA
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA
LIQREV SUSP 10mg/ml	3	NDS NM PA
OPSUMIT TABS 10mg	3	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
ORENITRAM TAB MONTH 1	3	NDS NM LA PA
ORENITRAM TAB MONTH 2	3	NDS NM LA PA
ORENITRAM TAB MONTH 3	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TADLIQ SUSP 20mg/5ml	3	NDS NM PA
TRACLEER TBSO 32mg	3	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
TYVASO SOLN .6mg/ml	3	NDS NM LA PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NDS NM LA PA
TYVASO DPI POW 16-32-48	3	NDS NM LA PA
TYVASO DPI POW 16-32MCG	3	NDS NM LA PA
TYVASO DPI POW 32-48MCG	3	NDS NM LA PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA
UPTRAVI PACK TAB 200/800	3	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam</i> TBDP .25mg, .5mg, 1mg, 2mg	1		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK)	1	PA
ALPRAZOLAM INTENSOL CONC 1mg/ml	3		PA applies if 29 years and younger		
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		NAMZARIC CAP 7-10MG	3	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1		NAMZARIC CAP 14-10MG	3	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1		NAMZARIC CAP 21-10MG	3	
<i>lorazepam</i> CONC 2mg/ml	1		NAMZARIC CAP 28-10MG	3	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1		NAMZARIC CAP PACK	3	
<i>lorazepam intensol</i> CONC 2mg/ml	1		<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1		<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEMENTIA			ANTIDEPRESSANTS		
ADLARITY PTWK 5mg/day, 10mg/day	3		<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1		<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1		<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	1	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
			<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
			<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
			<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
			DESVENLAFAXINE ER TB24 50mg, 100mg	3	
			<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	

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

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	DUOPA SUS 4.63-20	3 NDS B/D NM LA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	<i>entacapone</i> (generic of COMTAN) TABS 200mg	1
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	GOCOVRI CP24 68.5mg, 137mg	3 NDS NM LA
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	INBRIJA CAPS 42mg	3 NDS NM LA PA
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	NOURIANZ TABS 20mg, 40mg	3 NDS NM LA
<i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	ONGENTYS CAPS 25mg, 50mg	3
<i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	OSMOLEX ER TB24 129mg, 193mg	3 NM LA
<i>carbidopa & levodopa tab 25- 250 mg</i>	1	<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> (generic of STALEVO 75)	1	RYTARY CAP 95MG	3
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	RYTARY CAP 145MG	3
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> (generic of STALEVO 125)	1	RYTARY CAP 195MG	3
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> (generic of STALEVO 150)	1	RYTARY CAP 245MG	3
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1
		<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2
		<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1
		XADAGO TABS 50mg, 100mg	3 NDS
		ZELAPAR TBDP 1.25mg	3 NDS
		ANTIPSYCHOTICS	
		ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3 NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1		INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1		<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	1	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1		NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM LA PA
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg	1		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1	
<i>clozapine</i> TBDP 200mg	3	NDS	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS	<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg	1	
FANAPT PAK	3		<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1		PERSERIS PRSY 90mg, 120mg	3	NDS
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1		<i>pimozide</i> TABS 1mg, 2mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> TABS 150mg	1		BRIVIACT SOLN 50mg/5ml	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1		<i>carbamazepine</i> CHEW 100mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	NDS	<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
RISPERDAL CONSTA SRER 12.5mg, 25mg	3		<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
RISPERDAL CONSTA SRER 37.5mg, 50mg	3	NDS	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1		<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1	
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	NDS	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM LA PA
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1		<i>diazepam</i> SOLN 5mg/5ml	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS	<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	3	NDS	<i>diazepam (anticonvulsant)</i> GEL 2.5mg	1	
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS	<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	1	
VRAYLAR CAP 1.5-3MG	3		<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1		<i>diazepam intensol</i> CONC 5mg/ml	1	
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1		DILANTIN CAPS 30mg, 100mg	3	
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	NDS NM	DILANTIN INFATABS CHEW 50mg	3	
ANTISEIZURE AGENTS			DILANTIN-125 SUSP 125mg/5ml	3	
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA PA	<i>lamotrigine</i> (generic of LAMICTAL ODT) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1		<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
EPRONTIA SOLN 25mg/ml	3		<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS	<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1		<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
FINTEPLA SOLN 2.2mg/ml	3	NDS NM LA PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS	<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
FYCOMPA TABS 2mg	3		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1		<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
LAMICTAL XR KIT	3		NAYZILAM SOLN 5mg/0.1ml	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1				
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OXTELLAR XR TB24 150mg, 300mg	3		<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
OXTELLAR XR TB24 600mg	3	NDS	<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>phenobarbital</i> ELIX 20mg/5ml	3		<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2		SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
PHENYTEK CAPS 200mg, 300mg	3		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1		<i>valproic acid</i> CAPS 250mg	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>primidone</i> TABS 125mg	1		<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA PA
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		<i>vigadrone</i> (generic of SABRIL) PACK 500mg	3	NDS NM LA PA
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS	XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1		XCOPRI PAK 12.5-25	3	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3		XCOPRI PAK 50-100MG	3	NDS
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		XCOPRI PAK 100-150	3	NDS
			XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS
			XCOPRI PAK 150-200MG (TITRATION)	3	NDS
			ZONISADE SUSP 100mg/5ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NDS NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	1	

Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	1	
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	
AZSTARYS CAP 26.1-5.2	3	
AZSTARYS CAP 39.2-7.8	3	
AZSTARYS CAP 52.3-10.	3	
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1	
dextroamphetamine sulfate CP24 5mg; TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg, 15mg	1	
DYANAVAL XR CHER 5mg, 10mg, 15mg, 20mg; SUER 2.5mg/ml	3	
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2	
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
methylphenidate (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg	1	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1	EDLUAR SUBL 5mg, 10mg	3
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	<i>estazolam</i> TABS 1mg, 2mg	1
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	HETLIOZ LQ SUSP 4mg/ml	3 NDS NM LA PA
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	3	QUVIVIQ TABS 25mg, 50mg	3
MYDAYIS CAP 12.5MG	3	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1
MYDAYIS CAP 25MG	3	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg	3 NDS NM PA
MYDAYIS CAP 37.5MG	3	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg	1
MYDAYIS CAP 50MG	3	<i>triazolam</i> (generic of HALCION) TABS .25mg	2
QELBREE CP24 100mg, 150mg, 200mg	3	<i>triazolam</i> TABS .125mg	2
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	<i>zaleplon</i> CAPS 5mg, 10mg	2
QUILLIVANT XR SRER 25mg/5ml	3	ZOLPIDEM TARTRATE CAPS 7.5mg	3
RELEXXII TBCR 45mg, 63mg, 72mg	3	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg	1
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	MIGRAINE	
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	AIMOVIG SOAJ 70mg/ml, 140mg/ml	2 NM
HYPNOTICS		<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3 NDS
DAYVIGO TABS 5mg, 10mg	2	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml	3 NDS
		<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1
		<i>ergotamine w/ caffeine tab</i> 1- 100 mg	1
		<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1
		<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1

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Drug Name	Drug Requirements/ Tier	Limits
NURTEC TBDP 75mg	2	
QULIPTA TABS 10mg, 30mg, 60mg	2	
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg	1	
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
UBRELVY TABS 50mg, 100mg	2	
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan</i> SOLN 2.5mg; TBDP 2.5mg, 5mg	1	
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg; TABS 2.5mg, 5mg	1	
ZOMIG SOLN 2.5mg	3	
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM LA PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM LA PA
AUSTEDO XR TB24 6mg, 12mg, 24mg	3	NDS NM PA
DAYBUE SOLN 200mg/ml	3	NDS NM LA PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA
EXSERVAN FILM 50mg	3	NDS NM LA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
HORIZANT TBCR 300mg, 600mg	3	PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG	3	PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM LA PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM LA PA
RELYVRIO PAK 3-1GM	3	NDS NM LA PA
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM LA
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	3	NDS NM PA
AVONEX PEN AJKT 30mcg/0.5ml	3	NDS NM PA
BAFIERTAM CPDR 95mg	3	NDS NM LA PA
BETASERON KIT .3mg	3	NDS NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	3	NDS NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	3	NDS NM PA
GILENYA CAPS .25mg	3	NDS NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM LA PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA PA
OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM LA PA
PLEGRIDY INJ STARTER	3	NDS NM LA PA
PLEGRIDY PEN INJ STARTER	3	NDS NM LA PA
PONVORY TABS 20mg	3	NDS NM LA PA
PONVORY TAB STARTER	3	NDS NM LA PA
TASCENSO ODT TBDP .25mg, .5mg	3	NDS NM LA PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg	3	NDS NM PA
VUMERITY CPDR 231mg	3	NDS NM LA PA
ZEPOSIA CAPS .92mg	3	NDS NM LA PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA PA
ZEPOSIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
DYSPORT SOLR 500unit	3	NDS NM PA
LYVISPAH PACK 5mg, 10mg	3	
LYVISPAH PACK 20mg	3	NDS
<i>metaxalone</i> TABS 800mg	3	
<i>methocarbamol</i> TABS 500mg, 750mg	2	
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (generic of SOMA) TABS 350mg	2	
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM LA PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM LA PA
XYREM SOLN 500mg/ml	3	NDS NM LA PA
XYWAV SOL 0.5GM/ML	3	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL	<i>glipizide</i> TABS 5mg, 10mg	1	
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL	<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	
ENDOCRINE AND METABOLIC ANDROGENS			<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	
AVEED SOLN 750mg/3ml	3	NM LA PA	<i>glipizide-metformin hcl tab 5- 500 mg</i>	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA	GLYXAMBI TAB 10-5 MG	2	
JATENZO CAPS 158mg, 198mg	3	PA	GLYXAMBI TAB 25-5 MG	2	
JATENZO CAPS 237mg	3	NDS PA	JANUMET TAB 50-500MG	2	
<i>methyltestosterone</i> CAPS 10mg	3	NDS PA	JANUMET TAB 50-1000	2	
NATESTO GEL 5.5mg/act	3	PA	JANUMET XR TAB 50- 500MG	2	
<i>testosterone</i> GEL 1%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	1	PA	JANUMET XR TAB 50-1000	2	
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA	JANUMET XR TAB 100-1000	2	
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA	JANUVIA TABS 25mg, 50mg, 2 100mg	2	
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA	JARDIANCE TABS 10mg, 25mg	2	
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA	JENTADUETO TAB 2.5-500	2	
TLANDO CAPS 112.5mg	3	PA	JENTADUETO TAB 2.5-1000	2	
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA	JENTADUETO TAB XR 2.5- 1000MG	2	
ANTIDIABETICS			JENTADUETO TAB XR 5- 1000MG	2	
<i>acarbose</i> TABS 25mg, 50mg, 1 100mg	1		<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA	<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA	<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
FARXIGA TABS 5mg, 10mg	2		<i>migliitol</i> TABS 25mg, 50mg, 100mg	1	
<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1		MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nateglinide</i> TABS 60mg, 120mg	1		SYNJARDY XR TAB 25-1000	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA	TRADJENTA TABS 5mg	2	
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1		TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1		TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1		TZIELD SOLN 2mg/2ml	3	NDS NM LA PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1		VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1		XIGDUO XR TAB 2.5-1000	2	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1		XIGDUO XR TAB 5-500MG	2	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	XIGDUO XR TAB 5-1000MG	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	XIGDUO XR TAB 10-500MG	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	XIGDUO XR TAB 10-1000	2	
SYNJARDY TAB 5-500MG	2		ANTIDIABETICS, INSULINS		
SYNJARDY TAB 5-1000MG	2		ADMELOG SOLN 100unit/ml	2	
SYNJARDY TAB 12.5-500	2		ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY TAB 12.5- 1000MG	2		BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYNJARDY XR TAB 5- 1000MG	2		BD ALCOHOL SWABS	2	
SYNJARDY XR TAB 10-1000	2		FIASP FLEX INJ TOUCH	2	
SYNJARDY XR TAB 12.5- 1000MG	2		FIASP INJ 100/ML	2	
			FIASP PENFIL INJ U-100	2	
			GAUZE PADS 2X2	2	
			HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D
			HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
			INSULIN PEN NEEDLES: BD/NOVO	2	
			INSULIN SAFETY NEEDLES	2	
			INSULIN SYRINGES: BD	2	
			LANTUS SOLN 100unit/ml	2	
			LANTUS SOLOSTAR SOPN 100unit/ml	2	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NOVOLIN INJ 70/30 (brand RELION not covered)	2	SOLQUA INJ 100/33	2
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	TOUJEO SOLOSTAR SOPN 300unit/ml	2
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	TRESIBA SOLN 100unit/ml	2
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	V-GO 20 KIT	3
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	V-GO 30 KIT	3
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	V-GO 40 KIT	3
OMNIPOD 5 G6 KIT INTRO	3	XULTOPHY INJ 100/3.6	2
OMNIPOD 5 G6 MIS PODS	3	CALCIUM REGULATORS	
OMNIPOD DASH KIT INTRO	3	<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1
OMNIPOD DASH MIS PODS	3	<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
OMNIPOD GO KIT 10UNT/DY	3	BINOSTO TBEF 70mg	3
OMNIPOD GO KIT 15UNT/DY	3	<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
OMNIPOD GO KIT 20UNT/DY	3	EVENITY SOSY 105mg/1.17ml	3 NDS NM PA
OMNIPOD GO KIT 25UNT/DY	3	FORTEO SOPN 600mcg/2.4ml	3 NDS NM PA
OMNIPOD GO KIT 30UNT/DY	3	FOSAMAX + D TAB 70-2800	3
OMNIPOD GO KIT 35UNT/DY	3	FOSAMAX + D TAB 70-5600	3
OMNIPOD GO KIT 40UNT/DY	3	<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1 B/D
OMNIPOD MIS CLASSIC	3	NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3 NDS LA PA
		PAMIDRONATE DISODIUM SOLN 6mg/ml	2 B/D
		<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1 B/D
		PROLIA SOSY 60mg/ml	3 NM
		<i>risedronate sodium</i> TABS 5mg, 30mg	1
		<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1
		<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1
		TERIPARATIDE SOPN 620mcg/2.48ml	3 NDS NM PA
		TYMLOS SOPN 3120mcg/1.56ml	3 NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM LA
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
deferasirox (generic of JADENU) TABS 90mg	1	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	3	NDS NM PA
deferasirox (generic of EXJADE) TBSO 125mg	1	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
deferiprone (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA PA
deferoxamine mesylate SOLR 2gm	1	NM PA
deferoxamine mesylate (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
trientine hcl (generic of SYPRINE) CAPS 250mg	3	NDS NM
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	

Drug Name	Drug Requirements/ Tier	Limits
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
dolishale	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	

Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>finzala</i> (generic of MINASTRIN 24 FE)	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i> (generic of GENERESS FE)	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i> (generic of GENERESS FE)	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>lutera</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>merzee</i> (generic of TAYTULLA)	1	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>mibelas 24 fe</i> (generic of MINASTRIN 24 FE)	1	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>microgestin 1.5/30</i>	1	<i>norlyroc</i> TABS .35mg	1
<i>microgestin 1/20</i>	1	<i>nortrel 0.5/35 (28)</i>	1
<i>microgestin 24 fe</i>	1	<i>nortrel 1/35 (21)</i>	1
<i>microgestin fe 1.5/30</i>	1	<i>nortrel 1/35 (28)</i>	1
<i>microgestin fe 1/20</i>	1	<i>nortrel 7/7/7</i>	1
<i>mili</i>	1	<i>nylia 1/35</i>	1
<i>mono-linyah</i>	1	<i>nylia 7/7/7</i>	1
NATAZIA TAB	3	<i>nymyo</i>	1
<i>necon 0.5/35-28</i>	1	<i>ocella</i> (generic of YASMIN 28)	1
NEXTSTELLIS TAB 3-14.2MG	3	PHEXXI GEL	3
<i>nikki</i> (generic of YAZ)	1	<i>philith</i>	1
<i>nora-be</i> TABS .35mg	1	<i>pimtrea</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	<i>portia-28</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (generic of GENERESS FE)	1	<i>reclipsen</i>	1
<i>norethindrone (contraceptive)</i> TABS .35mg	1	<i>rivelsa</i>	1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	<i>setlakin</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<i>sharobel</i> TABS .35mg	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<i>simliya</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<i>simpesse</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg</i> (24) (generic of MINASTRIN 24 FE)	1	SLYND TABS 4mg	3
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg</i> (24) (generic of TAYTULLA)	1	<i>sprintec 28</i>	1
		<i>sronyx</i>	1
		<i>syeda</i> (generic of YASMIN 28)	1
		<i>tarina 24 fe</i>	1
		<i>tarina fe 1/20 eq</i>	1
		<i>tilia fe</i>	1
		<i>tri-estarylla</i>	1
		<i>tri-legest fe</i>	1
		<i>tri-linyah</i>	1
		<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
		<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
		<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>tri-mili</i>	1		<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>tri-nymyo</i>	1		<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>tri-sprintec</i>	1		<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>tri-vylibra</i>	1		<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	
<i>trivora-28</i>	1		<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
TYBLUME CHW 0.1-0.02	3		<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>tydemy</i> (generic of SAFYRAL)	1		<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>velivet</i>	1		ESTRING RING 7.5mcg/24hr	3	
<i>vestura</i> (generic of YAZ)	1		ESTROGEL GEL .06%	3	
<i>vienva</i>	1		EVAMIST SOLN 1.53mg/spray	3	
<i>viorele</i>	1		FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>vyfemla</i>	1		<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>vylibra</i>	1		<i>fyavolv tab 1mg-5mcg</i>	2	
<i>wera</i>	1		IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
<i>wymzya fe</i>	1		IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>xulane</i>	1		<i>jinteli</i>	2	
<i>zafemy</i>	1		<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>zovia 1/35</i>	1		MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
<i>zumandimine</i> (generic of YASMIN 28)	1				
ENDOMETRIOSIS					
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1				
ORLISSA TABS 150mg, 200mg	3	NDS			
SYNAREL SOLN 2mg/ml	3	NDS PA			
ESTROGENS					
<i>amabelz</i>	2				
BIJUVA CAP 1-100MG	3				
CLIMARA PRO DIS WEEKLY	3				
COMBIPATCH DIS	3				
DEPO-ESTRADIOL OIL 5mg/ml	3				
<i>doti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2				
ELESTRIN GEL .06%	3				

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MENOSTAR PTWK 14mcg/24hr	3		KENALOG-10 SUSP 10mg/ml	3	B/D
<i>mimvey</i> (generic of ACTIVELLA)	2		KENALOG-80 SUSP 80mg/ml	3	B/D
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2		MEDROL TABS 2mg	3	B/D
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
PREFEST TAB	3		<i>methylprednisolone</i> TABS 32mg	1	B/D
PREMARIN CREA .625mg/gm; SOLR 25mg	3		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
PREMPHASE TAB	2		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
PREMPRO TAB	2		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
PREMPRO TAB 0.3-1.5	2		<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
PREMPRO TAB 0.45-1.5	2		<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
PREMPRO TAB 0.625-5	2		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1		<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
GLUCOCORTICOIDS			<i>prednisone</i> TBPK 5mg, 10mg	1	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA	PREDNISON INTENSOL CONC 5mg/ml	3	B/D
ALKINDI SPRINKLE CPSP .5mg	3	NM LA	SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1		SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
DEPO-MEDROL SUSP 20mg/ml	3	B/D	<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D	ZILRETTA SRER 32mg	3	B/D NM LA
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D			
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1				
<i>fludrocortisone acetate</i> TABS .1mg	1				
HEMADY TABS 20mg	3				
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1				

Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	3	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
EGRIFTA SV SOLR 2mg	3	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA
ELELYSO SOLR 200unit	3	NDS NM LA PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA PA
FENSOLVI KIT 45mg	3	NDS NM LA PA
GALAFOLD CAPS 123mg	3	NDS NM LA PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA
JYNARQUE PAK 30-15MG	3	NDS NM LA PA
JYNARQUE PAK 45-15MG	3	NDS NM LA PA
JYNARQUE PAK 60-30MG	3	NDS NM LA PA
JYNARQUE PAK 90-30MG	3	NDS NM LA PA
KANUMA SOLN 20mg/10ml	3	NDS NM LA PA
KORLYM TABS 300mg	3	NDS NM LA PA
LAMZEDE SOLR 10mg	3	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
LUMIZYME SOLR 50mg	3	NDS NM LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	3	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA
MYCAPSSA CPDR 20mg	3	NDS NM LA PA
MYFEMBREE TAB	3	NDS
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA
<i>nitisinone</i> CAPS 20mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA
NORDITROPIN FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM LA PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	3	NDS NM LA PA
ORIAHNN CAP	3	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
PHEBURANE PLLT 483mg/gm	3	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
RECORLEV TABS 150mg	3	NDS NM LA PA
REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM LA PA	<i>medroxyprogesterone acetate</i> 1 (generic of PROVERA) TABS 2.5mg, 5mg, 10mg		
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA PA	<i>megestrol acetate</i> SUSP 2 40mg/ml		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA	<i>megestrol acetate (appetite)</i> 3 SUSP 625mg/5ml		
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA	<i>norethindrone acetate</i> TABS 1 5mg		
TEPEZZA SOLR 500mg	3	NDS NM LA PA	<i>progesterone</i> (generic of PROMETRIUM) CAPS 1 100mg, 200mg		
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA	THYROID AGENTS		
VIJOICE TBPk 50mg, 125mg	3	NDS NM LA PA	ERMEZA SOLN 150mcg/5ml 3		
VIJOICE TAB 250MG	3	NDS NM LA PA	<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
VIMIZIM SOLN 5mg/5ml	3	NDS NM LA PA	<i>levothyroxine sodium</i> CAPS 1 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA PA	<i>levothyroxine sodium</i> (generic 1 of TIROSINT) CAPS 112mcg		
VPRIV SOLR 400unit	3	NDS NM LA PA	<i>levothyroxine sodium</i> (generic 1 of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
XENPOZYME SOLR 20mg	3	NDS NM LA PA	<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		
ZOMACTON SOLR 5mg	3	NM PA	<i>liothyronine sodium</i> (generic 1 of CYTOMEL) TABS 5mcg, 25mcg, 50mcg		
ZOMACTON SOLR 10mg	3	NDS NM PA	<i>methimazole</i> TABS 5mg, 1 10mg		
ZORBTIVE SOLR 8.8mg	3	NDS NM PA	<i>propylthiouracil</i> TABS 50mg 1		
PHOSPHATE BINDER AGENTS					
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1				
<i>sevelamer carbonate</i> (generic 1 of RENVELA) PACK .8gm, 2.4gm					
<i>sevelamer carbonate</i> TABS 1 800mg					
<i>sevelamer hcl</i> TABS 400mg 1					
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg 1					
VELPHORO CHEW 500mg	3	NDS			
PROGESTINS					
CRINONE GEL 4%, 8%	3	PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
THYQUIDITY SOLN 100mcg/5ml	3		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	3		BONJESTA TAB 20-20MG	3	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3		CINVANTI EMUL 130mg/18ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>compro</i> SUPP 25mg	1	
VITAMIN D ANALOGS			<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>dronabinol</i> CAPS 5mg, 10mg	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	EMEND SUSR 125mg/5ml	3	NDS B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<i>paricalcitol</i> CAPS 4mcg	1	B/D	GIMOTI SOLN 15mg/act	3	NDS
RAYALDEE CPCR 30mcg	3	NDS	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
GASTROINTESTINAL ANTIEMETICS			<i>granisetron hcl</i> TABS 1mg	1	B/D
AKYNZEO CAP 300-0.5	3	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
AKYNZEO INJ 235-0.25	3	NM LA	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
AKYNZEO INJ 235-0.25MG/20ML	3	NM LA	<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
APONVIE EMUL 32mg/4.4ml	3		<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
			<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
			<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
			PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
			<i>prochlorperazine</i> SUPP 25mg	1	
			<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
			<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
			<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3		<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1		<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3		<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
SANCUSO PTCH 3.1mg/24hr	3	NDS	<i>nizatidine</i> CAPS 150mg, 300mg	1	
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days	3		INFLAMMATORY BOWEL DISEASE		
SUSTOL PRSY 10mg/0.4ml	3		<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
SYNDROS SOLN 5mg/ml	3	NDS B/D	<i>budesonide</i> CPEP 3mg	1	
<i>trimethobenzamide hcl</i> CAPS 300mg	1		<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS
VARUBI TBPk 90mg	3	B/D NM	<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
ANTISPASMODICS			DIPENTUM CAPS 250mg	3	NDS
ATROPINE SULFATE SOSY 3 .25mg/5ml, 1mg/10ml	3		<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3		<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2		<i>mesalamine</i> (generic of PENTASA) CPCR 500mg	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3		<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3		<i>mesalamine</i> ENEM 4gm; TBEC 800mg	1	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1		<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1		<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1		PENTASA CPCR 250mg	3	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3		SFROWASA ENEM 4gm/60ml	3	NDS
H2-RECEPTOR ANTAGONISTS			<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1		<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
			LAXATIVES		
			CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	

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Drug Name	Drug Requirements/ Tier	Limits
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg	3	NDS
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	

Drug Name	Drug Requirements/ Tier	Limits
GATTEX KIT 5mg	3	NDS NM LA PA
HELIDAC MIS THERAPY	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NDS NM LA PA
REBYOTA SUSP 150ml	3	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM LA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
VOWST CAP	3	NDS NM LA PA
XERMELO TABS 250mg	3	NDS NM LA PA
XIFAXAN TABS 550mg	3	NDS
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	

Drug Name	Drug Requirements/ Tier	Limits
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	
NEXIUM PACK 2.5mg, 5mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)	1	
ENTADFI CAP 5-5MG	3	PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	NDS
FILSPARI TABS 200mg, 400mg	3	NDS NM LA PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
TARPEYO CPDR 4mg	3	NDS NM LA PA
THIOLA EC TBEC 100mg, 300mg	3	NDS NM LA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS					
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1		<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg	1	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1		ELIQUIS TABS 2.5mg, 5mg	2	
GELNIQUE GEL 10%	3		ELIQUIS STARTER PACK TBPK 5mg	2	
GEMTESA TABS 75mg	3		<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 10mg, 15mg	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg	1		FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
OXYTROL PTTW 3.9mg/24hr	3		FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1		HEP SOD/D5W INJ 20000UNT	3	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1		HEP SOD/D5W INJ 25000UNT	3	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1		HEP SOD/NACL INJ 12500UNT	2	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1		HEP SOD/NACL INJ 25000UNT	2	
VESICARE LS SUSP 5mg/5ml	3		HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
VAGINAL ANTI-INFECTIVES					
CLEOCIN SUPP 100mg	3		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1		HEPARIN/NACL INJ 25000UNT	2	
CLINDESSE CREA 2%	3				
GYNAZOLE-1 CREA 2%	3				
<i>metronidazole vaginal</i> GEL .75%	1				
<i>miconazole</i> 3 SUPP 200mg	1				
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1				
VANAZOLE GEL .75%	3				
HEMATOLOGIC ANTICOAGULANTS					
<i>dabigatran etexilate mesylate</i> CAPS 75mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
PRADAXA CAPS 75mg, 110mg	3		BERINERT KIT 500unit	3	NDS NM LA PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		CABLIVI KIT 11mg	3	NDS NM LA PA
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2		<i>cilostazol</i> TABS 50mg, 100mg	1	
XARELTO STAR TAB 15/20MG	2		CINRYZE SOLR 500unit	3	NDS NM LA PA
HEMATOPOIETIC GROWTH FACTORS			DOPTELET TABS 20mg	3	NDS NM LA PA
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA	DROXIA CAPS 200mg, 300mg, 400mg	2	
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA	EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA
LEUKINE SOLR 250mcg	3	NDS NM PA	ENDARI PACK 5gm	3	NDS NM LA PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA	ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA	GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA	HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA	<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA	KALBITOR SOLN 10mg/ml	3	NDS NM LA PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	MULPLETA TABS 3mg	3	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA	ORLADEYO CAPS 110mg, 150mg	3	NDS NM LA PA
MISCELLANEOUS			OXBRYTA TABS 300mg, 500mg; TBSO 300mg	3	NDS NM LA PA
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA	<i>pentoxifylline</i> TBCR 400mg	1	
<i>aminocaproic acid</i> (generic of AMICAR) SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS	PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM LA PA
<i>anagrelide hcl</i> CAPS 1mg	1		PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM LA PA
			PYRUKYND TAB 20MGX5MG	3	NDS NM LA PA
			PYRUKYND TAB 50MGX20M	3	NDS NM LA PA
			PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM LA PA
			REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RUCONEST SOLR 2100unit	3	NDS NM LA PA	ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM LA PA	ENBREL MINI SOCT	3	NDS NM PA
SIKLOS TABS 100mg	3		ENBREL SURECLICK SOAJ	3	NDS NM PA
SIKLOS TABS 1000mg	3	NDS	50mg/ml		
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA	ENTYVIO SOLR 300mg	3	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	3	NDS NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA PA	HUMIRA PEDIA INJ	3	NDS NM PA
TAVNEOS CAPS 10mg	3	NDS NM LA PA	CROHNS		
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		HUMIRA PEDIATRIC	3	NDS NM PA
<i>tranexamic acid</i> TABS 650mg	1		CROHNS D PSKT		
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA	80mg/0.8ml		
PLATELET AGGREGATION INHIBITORS					
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		HUMIRA PEN PNKT	3	NDS NM PA
BRILINTA TABS 60mg, 90mg	2		40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml		
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		HUMIRA PEN KIT PS/UV	3	NDS NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		HUMIRA PEN-CD/UC/HS	3	NDS NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2		START PNKT 40mg/0.8ml, 80mg/0.8ml		
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		HUMIRA PEN-PEDIATRIC	3	NDS NM PA
ZONTIVITY TABS 2.08mg	3		UC S PNKT 80mg/0.8ml		
IMMUNOLOGIC AGENTS					
AUTOIMMUNE AGENTS					
ADBRY SOSY 150mg/ml	3	NDS NM LA PA	HUMIRA PEN-PS/UV	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM LA PA	STARTER PNKT 40mg/0.8ml		
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM PA	KEVZARA SOAJ	3	NDS NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA	150mg/1.14ml, 200mg/1.14ml		
			OTEZLA TABS 30mg	3	NDS NM PA
			OTEZLA TAB 10/20/30	3	NDS NM PA
			RENFLEXIS SOLR 100mg	3	NDS NM LA PA
			RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
			SKYRIZI SOCT	3	NDS NM PA
			180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml		
			SKYRIZI PEN SOAJ	3	NDS NM PA
			150mg/ml		
			SPEVIGO SOLN	3	NDS NM LA PA
			450mg/7.5ml		
			STELARA SOLN	3	NDS NM LA PA
			45mg/0.5ml, 130mg/26ml		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM LA PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM PA	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA
XELJANZ XR TB24 11mg, 22mg	3	NDS NM PA	HYQVIA INJ 2.5-200	3	NDS NM LA PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)			HYQVIA INJ 5-400	3	NDS NM LA PA
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1		HYQVIA INJ 10-800	3	NDS NM LA PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		HYQVIA INJ 20-1600	3	NDS NM LA PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1		HYQVIA INJ 30-2400	3	NDS NM LA PA
<i>methotrexate sodium</i> TABS 2.5mg	1		OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
XATMEP SOLN 2.5mg/ml	3	B/D	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
IMMUNOGLOBULINS			XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM LA PA	IMMUNOMODULATORS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM LA PA	ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM LA PA	ARCALYST SOLR 220mg	3	NDS NM LA PA
CYTOGAM INJ 50mg/ml	3	NDS NM	GRASTEK SUBL 2800bau	3	
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA	ILARIS SOLN 150mg/ml	3	NDS NM LA PA
GAMASTAN INJ	3	B/D NM LA	JOENJA TABS 70mg	3	NDS NM LA PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA	ODACTRA SUB	3	
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA			
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
ORALAIR SUB 300 IR	3	NM LA
PALFORZIA CAP ESCALAT	3	NDS NM LA
PALFORZIA CAP LEVEL 3	3	NDS NM LA
PALFORZIA CAP LEVEL 7	3	NDS NM LA
PALFORZIA CAP LEVEL 8	3	NDS NM LA
PALFORZIA CAP LEVEL 10	3	NDS NM LA
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM LA
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM LA
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM LA
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM LA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM LA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM LA
RAGWITEK SUBL 12amba1- u	3	
VYVGART SOLN 400mg/20ml	3	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	3	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM LA PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	3	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ACTHIB INJ	1	
ADACEL INJ	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1	<i>potassium chloride</i> SOLN 2meq/ml	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml	3
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
KCL/D5W/LACT INJ 20MEQ/L	3	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
KCL/D5W/NACL INJ 0.3/0.9%	3	<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
<i>lactated ringer's solution</i>	1	TPN ELECTROL INJ	3 B/D
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	<i>klor-con</i> PACK 20meq	1
<i>magnesium sulfate</i> SOLN 50%	2	<i>klor-con 8</i> TBCR 8meq	1
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2	<i>klor-con 10</i> TBCR 10meq	1
MG SO4/D5W INJ 10MG/ML	2	<i>klor-con m10</i> TBCR 10meq	1
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE-148)	1	<i>klor-con m15</i> TBCR 15meq	1
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1	<i>klor-con m20</i> TBCR 20meq	1
PLASMA-LYTE INJ -148	3	M-NATAL PLUS TAB	2
PLASMA-LYTE INJ -A	3	<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1
		<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1
		<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1
		PRENATAL TAB 27-1MG	2
		PRENATAL TAB PLUS	2
		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
		TRICARE TAB PRENATAL	2
		<i>IV NUTRITION</i>	
		CLINIMIX E INJ 2.75/D5W	3 B/D
		CLINIMIX E INJ 4.25/D5W	3 B/D

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	3	

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate (generic of LOTEMAX)</i> GEL .5%; SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	3	NDS NM LA
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM LA PA
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA
CIMERLI SOLN .5mg/0.05ml	3	NDS NM LA PA
CYSTADROPS SOLN .37%	3	NDS NM LA PA
CYSTARAN SOLN .44%	3	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	3	NDS NM LA PA
OXERVATE SOLN .002%	3	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	3	NDS NM LA PA
XIIDRA SOLN 5%	2	

Drug Name	Drug Requirements/ Tier	Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> (generic of CIPRODEX)	1	
CORTISPORIN SUS -TC OTIC	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER SPHERE	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
<i>promethazine vc</i>	2	
RYALTRIS SPR 665-25	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>clemastine fumarate</i> TABS 2.68mg	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> CAPS 100mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Proair HFA)	1	
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA)	1	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA
BRONCHITOL CAPS 40mg	3	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>elixophyllin</i> ELIX 80mg/15ml	3	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 30mg/ml	3	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM LA PA
OFEV CAPS 100mg, 150mg	3	NDS NM LA PA
ORKAMBI GRA 75-94MG	3	NDS NM LA PA
ORKAMBI GRA 100-125	3	NDS NM LA PA
ORKAMBI GRA 150-188	3	NDS NM LA PA
ORKAMBI TAB 100-125	3	NDS NM LA PA
ORKAMBI TAB 200-125	3	NDS NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg	3	NDS NM PA
<i>pirfenidone</i> TABS 534mg	3	NDS NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG	3	NDS NM LA PA
SYMDEKO TAB 100-150	3	NDS NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NDS NM LA PA
TRIKAFTA PAK 75MG	3	NDS NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray	3	
<i>flunisolide (nasal)</i> SOLN .025%	1	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>wixela inhub</i> (generic of ADVAIR DISKUS)	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
<i>accutane</i> CAPS 10mg, 20mg, 1 30mg, 40mg	1	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
ADAPALENE SOLN .1%	3	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	

Drug Name	Drug Requirements/ Tier	Limits
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
AZELEX CREA 20%	3	
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1%	1	
<i>clindacin-p</i> SWAB 1%	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i>	1	
<i>clindamycin phosphate (topical)</i> FOAM 1%; GEL 1%; SOLN 1%; SWAB 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	1	
<i>clindamycin phosphate- benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate- benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)	1	
<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i> (generic of ZIANA)	1	
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%	1	
DIFFERIN LOTN .1%	3	
EPSOLAY CREA 5%	3	
<i>ery</i> PADS 2%	1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	
FABIOR FOAM .1%	3	
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS
<i>neuac gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A MICRO GEL .06%	3	NDS
RETIN-A MICRO PUMP GEL .08%	3	NDS
<i>sulfacetamide sodium</i> (acne) (generic of KLARON) LOTN 10%	1	
TAZAROTENE FOAM .1%	3	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	
<i>tretinoin microsphere</i> GEL .04%, .1%	1	
TWYNEO CRE 0.1-3%	3	
WINLEVI CREA 1%	3	
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1%	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5%	1	
<i>mupirocin</i> OINT 2%	1	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77%	1	
<i>clotrimazole</i> (topical) CREA 1%; SOLN 1%	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>econazole nitrate</i> CREA 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
JUBLIA SOLN 10%	3	NDS
<i>ketconazole</i> (topical) CREA 2%	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl</i> CREA 1%, 2%	1	
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 1%	3	
<i>nyamyc</i> POWD 100000unit/gm	1	
<i>nystatin</i> (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
<i>nystop</i> POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> CREA .005%; FOAM .005%; OINT .005%; SOLN .005%	1	PA
<i>calcitrene</i> OINT .005%	1	PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1%; GEL .05%, .1%	1	
TAZORAC CREA .05%	3	
VTAMA CREA 1%	3	NDS
ZORYVE CREA .3%	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole</i> (topical) SHAM 2%	1	
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2%	3	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>amcinonide</i> LOTN .1%	1	
<i>betamethasone dipropionate</i> (topical) CREA .05%; LOTN .05%; OINT .05%	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%	1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1		<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	1		<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12%	1		<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
CAPEX SHAM .01%	3		<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1		<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1		<i>hydrocortisone butyrate</i> SOLN .1%	1	
<i>clobetasol propionate e</i> CREA .05%	1		IMPEKLO LOTN .15mg/act	3	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05%	1		<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1		PANDEL CREA .1%	3	NDS
<i>desonide</i> (generic of DESOWEN) CREA .05%	1		<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	
<i>desonide</i> LOTN .05%; OINT .05%	1		<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1		DERMATOLOGY, LOCAL ANESTHETICS		
DUOBRII LOT	3	NDS	<i>glydo</i> PRSY 2%	1	PA
ENSTILAR AER	3	PA	<i>lidocaine</i> OINT 5%	1	PA
EPIFOAM AER 1%	3		<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>fluocinolone acetonide</i> CREA .01%	1		<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	1		<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	1		QUTENZA KIT 8% 1-PCH	3	NDS NM LA
			QUTENZA KIT 8% 2-PCH	3	NDS NM LA
			QUTENZA KIT 8% 4-PCH	3	NDS NM LA
			ZTLIDO PTCH 1.8%	3	PA
			DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
			<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1	
			<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%	1	
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
FINACEA FOAM 15%	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NDS NM LA PA
<i>imiquimod</i> CREA 5%	1	
KLISYRI OINT 1%	3	NDS
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
NORITATE CREA 1%	3	NDS
OPZELURA CREA 1.5%	3	NDS PA
PANRETIN GEL .1%	3	NDS PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1%	1	
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> SOLN .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
VALCHLOR GEL .016%	3	NDS NM LA PA
XERESE CRE 5-1%	3	NDS
ZILXI FOAM 1.5%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	
<i>malathion</i> LOTN .5%	1	
<i>permethrin</i> CREA 5%	1	
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>19	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>10	<i>amphetamine- dextroamphetamine tab 5 mg</i>34
<i>amlodipine besylate- valsartan tab 10-160 mg</i>20	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>10	<i>amphetamine- dextroamphetamine tab 7.5 mg</i>34
<i>amlodipine besylate- valsartan tab 10-320 mg</i>20	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>10	<i>amphotericin b</i>6
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