



SilverScript Employer PDP sponsored by Montgomery County Government (SilverScript)

2026 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 10/15/2025. 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: 26021

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

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

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

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

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

What is the SilverScript formulary?

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

Please note: 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 total out-of-pocket costs.

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

Can the formulary change?

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

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

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

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

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

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

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

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits 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 drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript's formulary?”

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

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

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

How do I use the formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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's formulary?" for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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's formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 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. If coverage is not approved, 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.

For more information

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has 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

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

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, 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 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

SilverScript's formulary

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg	1	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	
GLOPERBA SOLN .6mg/5ml	3	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM PA
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
<i>diclofenac potassium</i> TABS 50mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diffunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg	1	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg; TBEC 375mg	1	
<i>naproxen dr</i> TBEC 500mg	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	3	NDS
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA

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, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	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 QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 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
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<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</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 10-300 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 10-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 2.5-325 mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> tab 5-300 mg QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 5-325 mg QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 10-300 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 10-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> tab 5-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> tab 10-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> soln 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> TABS 5mg, 10mg	1	QL
QL (180 tabs / 30 days)		
<i>tramadol hcl</i> TABS 50mg	1	QL
QL (240 tabs / 30 days)		
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL
QL (240 tabs / 30 days)		
<i>trezix</i>	1	QL
QL (300 caps / 30 days)		
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	3	NDS NM PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
DALVANCE SOLR 500mg	3	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
DAPTOMYCIN SOLR 350mg	3	NDS
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
<i>daptomycin</i> SOLR 500mg	3	NDS
EMBLAVEO INJ 2GM	3	NDS
EMVERM CHEW 100mg	3	NDS
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	3	NDS
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	3	NDS
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg	1	QL PA
QL (20 tabs / 90 days)		
<i>ivermectin</i> TABS 6mg	1	QL PA
QL (10 tabs / 90 days)		
KIMYRSA SOLR 1200mg	3	NDS
LIKMEZ SUSP 500mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	3	
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> 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
ORLYNVAH TAB 500-500	3	NDS
<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> 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-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 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
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg, 250mg	1	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XACDURO INJ 1-1GM	3	NDS
XIFAXAN TABS 200mg	3	
ZEMDRI SOLN 500mg/10ml	3	NDS
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
<i>fulvicin p/g 165</i> TABS 165mg	3	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
<i>itraconazole</i> SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	3	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	3	NDS
NOXAFIL PACK 300mg	3	NDS PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml	3	NDS PA
<i>posaconazole</i> TBEC 100mg	3	NDS PA
REZZAYO SOLR 200mg	3	NDS
<i>terbinafine hcl</i> TABS 250mg	1	
TOLSURA CAPS 65mg	3	NDS
VIVJOA CPPK 150mg	3	NDS NM
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> TABS 50mg, 200mg	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> 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	1	NM
EDURANT TABS 25mg	3	NDS NM
EDURANT PED TBSO 2.5mg	3	NDS NM
<i>efavirenz</i> 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> TABS 700mg	3	NDS NM
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
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 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

Drug Name	Drug Requirements/ Tier	Limits
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml	3	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	3	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM
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
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 675/150	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	3	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	3	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	3	NDS NM
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	3	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	3	NDS NM PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PAXLOVID PAK	1	
PAXLOVID TAB 150-100	1	
PAXLOVID TAB 300-100	1	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS PACK 20mg, 120mg; SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister	2	
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	3	NDS
valganciclovir hcl (generic of VALCYTE) TABS 450mg	1	
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPB 40mg, 80mg	3	
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	

Drug Name	Drug Requirements/ Tier	Limits
cefepime hcl SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	3	NDS
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ZEVTERA SOLR 500mg	3	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
azithromycin TABS 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	3	NDS
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 250mg, 500mg		
AUGMENTIN SUS 125/5ML	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	3	NDS
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	3	NDS
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	

Drug Name	Drug Requirements/ Tier	Limits
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
GRAFAPEX SOLR 1gm, 5gm	3	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D
VIVIMUSTA SOLN 100mg/4ml	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM PA
ANTIMETABOLITES		
AXTLE SOLR 100mg, 500mg	3	NDS B/D NM
<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

Drug Name	Drug Requirements/ Tier	Limits
INQOVI TAB 35-100MG	3	NDS NM PA
LONSURF TAB 15-6.14	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	3	NDS NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	NDS B/D
TABLOID TABS 40mg	3	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg	1	NM PA
AKEEGA TAB 50/500MG	3	NDS NM PA
AKEEGA TAB 100/500	3	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg, 240mg	3	NDS NM PA
EULEXIN CAPS 125mg	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM PA
ORGOVYX TABS 120mg	3	NDS NM PA
ORSERDU TABS 86mg, 345mg	3	NDS NM PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM PA
YONSA TABS 125mg	3	NDS NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
THALOMID CAPS 50mg, 100mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml	3	NDS NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	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
IWILFIN TABS 192mg	3	NDS NM PA
KHAPZORY SOLR 175mg	3	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	3	NDS NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	3	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
MODEYSO CAPS 125mg	3	NDS NM PA
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAR SOLN 750unit/ml	3	NDS NM PA
ONIVYDE SUSP 43mg/10ml	3	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	3	NDS NM PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin</i> (chemotherapy) CAPS 10mg	3	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
WELIREG TABS 40mg	3	NDS NM PA
MITOTIC INHIBITORS		
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
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	3	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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 PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM PA
ALUNBRIG PAK	3	NDS NM PA
AUGTYRO CAPS 40mg, 160mg	3	NDS NM PA
AVMAPKI PAK FAKZYNJA	3	NDS NM PA
AYVAKIT TABS 25mg, 50mg, 3 100mg, 200mg, 300mg	3	NDS NM PA
BALVERSA TABS 3mg, 4mg, 3 5mg	3	NDS NM PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM PA
BELEODAQ SOLR 500mg	3	NDS NM PA
BESPONSA SOLR .9mg	3	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	3	NDS NM PA
BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM PA
BRUKINSA CAPS 80mg	3	NDS NM PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM PA
CALQUENCE TABS 100mg	3	NDS NM PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM PA
COMETRIQ KIT 100MG	3	NDS NM PA
COMETRIQ KIT 140MG	3	NDS NM PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM PA
COTELLIC TABS 20mg	3	NDS NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
DANZITEN TABS 71mg, 95mg	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA
DARZALEX INJ FASPRO	3	NDS NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
DATROWAY SOLR 100mg	3	NDS NM PA
DAURISMO TABS 25mg, 100mg	3	NDS NM PA
ELAHERE SOLN 100mg/20ml	3	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM PA
EMRELIS SOLR 20mg, 100mg	3	NDS NM PA
ENHERTU SOLR 100mg	3	NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM PA
<i>erlotinib hcl</i> TABS 25mg, 150mg	3	NDS NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg	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
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM PA
FRUZAQLA CAPS 1mg, 5mg	3	NDS NM PA
FYARRO SUSR 100mg	3	NDS NM PA
GAVRETO CAPS 100mg	3	NDS NM PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NDS NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM PA
GOMEKLI CAPS 1mg, 2mg; TBSO 1mg	3	NDS NM PA
HERCEP HYLEC SOL 60- 10000	3	NDS NM PA
HERCEPTIN SOLR 150mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
HERNEXEOS TABS 60mg	3	NDS NM PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM PA
IBTROZI CAPS 200mg	3	NDS NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM PA
IDHIFA TABS 50mg, 100mg	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg	1	NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg	3	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM PA
IMKELDI SOLN 80mg/ml	3	NDS NM PA
INLYTA TABS 1mg, 5mg	3	NDS NM PA
INREBIC CAPS 100mg	3	NDS NM PA
ITOVEBI TABS 3mg, 9mg	3	NDS NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
JAYPIRCA TABS 50mg, 100mg	3	NDS NM PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	3	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM PA
KISQALI 200 DOSE TBPK	3	NDS NM PA
KISQALI 400 DOSE TBPK	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA
KISQALI 600 DOSE TBPK	3	NDS NM PA
KISQALI 200mg	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 PAK FEMARA	3	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM PA
KRAZATI TABS 200mg	3	NDS NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA
LAZCLUZE TABS 80mg, 240mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
LENVIMA CAP 14 MG	3	NDS NM PA
LENVIMA CAP 18 MG	3	NDS NM PA
LENVIMA CAP 24 MG	3	NDS NM PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM PA
LOQTORZI SOLN 240mg/6ml	3	NDS NM PA
LORBRENA TABS 25mg, 100mg	3	NDS NM PA
LUMAKRAS TABS 120mg, 240mg, 320mg	3	NDS NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	3	NDS NM PA
LYNPARZA TABS 100mg, 150mg	3	NDS NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
MARGENZA SOLN 250mg/10ml	3	NDS NM PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM PA
MEKTOVI TABS 15mg	3	NDS NM PA
MONJUVI SOLR 200mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
MYLOTARG SOLR 4.5mg	3	NDS NM PA
NERLYNX TABS 40mg	3	NDS NM PA
NILOTINIB CAPS 50mg, 150mg, 200mg	3	NDS PA
<i>nilotinib hcl</i> CAPS 50mg	3	NDS NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg	3	NDS NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
ODOMZO CAPS 200mg	3	NDS NM PA
OGIVRI SOLR 150mg, 420mg	3	NDS NM PA
OGSIVEO TABS 50mg, 100mg, 150mg	3	NDS NM PA
OJEMDA SUSR 25mg/ml; TABS 100mg	3	NDS NM PA
OJJAARA TABS 100mg, 150mg, 200mg	3	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA
OPDIVO INJ QVANTIG	3	NDS NM PA
OPDUALAG SOL	3	NDS NM PA
PADCEV SOLR 20mg, 30mg	3	NDS NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg	3	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA
PHESGO SOL	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM PA
QINLOCK TABS 50mg	3	NDS NM PA
RETEVMO TABS 40mg, 80mg, 120mg, 160mg	3	NDS NM PA
REVUFORJ TABS 25mg, 110mg, 160mg	3	NDS NM PA
REZLIDHIA CAPS 150mg	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ROMVIMZA CAPS 14mg, 20mg, 30mg	3	NDS NM PA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NDS NM PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM PA
RYBREVA NT SOLN 350mg/7ml	3	NDS NM PA
RYDAPT CAPS 25mg	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM PA
SCEMBLIX TABS 20mg, 40mg, 100mg	3	NDS NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA
STIVARGA TABS 40mg	3	NDS NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM PA
TAGRIS SO TABS 40mg, 80mg	3	NDS NM PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM PA
TAZVERIK TABS 200mg	3	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM PA
TECENTRIQ INJ HYBREZA	3	NDS NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
TEPMETKO TABS 225mg	3	NDS NM PA
TEVIMBRA SOLN 100mg/10ml	3	NDS NM PA
TIBSOVO TABS 250mg	3	NDS NM PA
TIVDAK SOLR 40mg	3	NDS NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TRUQAP TABS 160mg, 200mg; TBPk 160mg, 200mg	3	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM PA
TURALIO CAPS 125mg	3	NDS NM PA
VANFLYTA TABS 17.7mg, 26.5mg	3	NDS NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VENCLEXTA TABS 10mg	2	NM PA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM PA
VENCLEXTA TAB START PK	3	NDS NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM PA
VONJO CAPS 100mg	3	NDS NM PA
VORANIGO TABS 10mg, 40mg	3	NDS NM PA
VYLOY SOLR 100mg, 300mg	3	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NDS NM PA
XOSPATA TABS 40mg	3	NDS NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg, 40mg	3	NDS NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	3	NDS NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	3	NDS NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	3	NDS NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	3	NDS NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	3	NDS NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	3	NDS NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEJULA TABS 100mg, 200mg, 300mg	3	NDS NM PA
ZELBORAF TABS 240mg	3	NDS NM PA
ZIIHERA SOLR 300mg	3	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg	3	NDS NM PA
ZYDELIG TABS 100mg, 150mg	3	NDS NM PA
ZYKADIA TABS 150mg	3	NDS NM PA
ZYNLONTA SOLR 10mg	3	NDS NM PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM PA

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	1	
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab 1-240 mg	1	
trandolapril-verapamil hcl tab 2-180 mg	1	
trandolapril-verapamil hcl tab 2-240 mg	1	
trandolapril-verapamil hcl tab 4-240 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	1	

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	1
EDARBYCLOR TAB 40-12.5	3
EDARBYCLOR TAB 40-25MG	3
ENTRESTO CAP 6-6MG	2
ENTRESTO CAP 15-16MG	2
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	1
<i>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i>	1
<i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i>	1
<i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i>	1
<i>telmisartan-amlodipine tab 40-5 mg</i>	1
<i>telmisartan-amlodipine tab 40-10 mg</i>	1
<i>telmisartan-amlodipine tab 80-5 mg</i>	1
<i>telmisartan-amlodipine tab 80-10 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	1
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<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
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ARBLI SUSP 10mg/ml	3
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1
EDARBI TABS 40mg, 80mg	3
<i>irbesartan</i> TABS 75mg	1
<i>irbesartan</i> (generic of AVAPRO) TABS 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> TABS 20mg	1
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg	1
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1
ANTIARRHYTHMICS	
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1

Drug Name	Drug Requirements/ Tier Limits
<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> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1
<i>quinidine sulfate</i> TABS 200mg, 300mg	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> 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	
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

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 5mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)	1	QL
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; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM 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	

Drug Name	Drug Requirements/ Tier	Limits
<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 PA
NEXLETOL TABS 180mg	2	
NEXLIZET TAB 180/10MG	2	
<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	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA SURECLICK	2	NM PA
SOAJ 140mg/ml		
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits
BETA-BLOCKERS	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1
<i>betaxolol hcl</i> TABS 10mg, 20mg	1
<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1
LOPRESSOR SOLN 10mg/ml	3
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1
<i>pindolol</i> TABS 5mg, 10mg	1
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1

Drug Name	Drug Requirements/ Tier Limits
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1
KATERZIA SUSP 1mg/ml	3
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
<i>nicardipine hcl iv soln</i> 20 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	3	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NYMALIZE SOLN 6mg/ml	3	NDS
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
<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	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 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
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
ATTRUBY TBPK 356mg	3	NDS NM PA
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg	3	NDS NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg	1	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	
<i>methyldopa</i> TABS 250mg, 500mg	3	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	3	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TRYNGOLZA SOAJ 80mg/0.8ml	3	NDS NM PA
TRYVIO TABS 12.5mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NDS NM PA
VYNDALIN CAPS 20mg	3	NDS NM PA
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> 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) 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 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 PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg; TBSO 32mg	3	NDS NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM
OPSUMIT TABS 10mg	3	NDS NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	3	NDS NM PA
ORENITRAM TAB MONTH 2	3	NDS NM PA
ORENITRAM TAB MONTH 3	3	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	1	NM PA
TADLIQ SUSP 20mg/5ml	3	NDS NM PA
TRACLEER TBSO 32mg	3	NDS NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
TYVASO SOLN .6mg/ml	3	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NDS NM PA
TYVASO DPI POW 16-32-48	3	NDS NM PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM PA
UPTRAVI PACK TAB 200/800	3	NDS NM PA
WINREVAIR KIT 45mg, 60mg	3	NDS NM PA
WINREVAIR INJ 45MG	3	NDS NM PA
WINREVAIR INJ 60MG	3	NDS NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg, 106mcg	3	NDS NM PA
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	
<i>alprazolam</i> TBDP .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml; TABS .5mg, 1mg, 2mg	1	
<i>lorazepam intensol</i> CONC 2mg/ml	1	
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	3	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier Limits
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3
FETZIMA CAP TITRATIO	3
fluoxetine hcl CAPS 10mg, 40mg; CPDR 90mg; SOLN 20mg/5ml	1
fluoxetine hcl (generic of PROZAC) CAPS 20mg	1
imipramine hcl TABS 10mg, 25mg, 50mg	1
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg	3
MARPLAN TABS 10mg	3
mirtazapine TABS 7.5mg, 45mg	1
mirtazapine (generic of REMERON) TABS 15mg, 30mg	1
mirtazapine (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1
nortriptyline hcl SOLN 10mg/5ml	3
paroxetine hcl SUSP 10mg/5ml	3
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1
paroxetine hcl (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3
perphenazine-amitriptyline tab 2-10 mg	2
perphenazine-amitriptyline tab 2-25 mg	2
perphenazine-amitriptyline tab 4-10 mg	2
perphenazine-amitriptyline tab 4-25 mg	2
perphenazine-amitriptyline tab 4-50 mg	2

Drug Name	Drug Requirements/ Tier Limits
phenelzine sulfate (generic of NARDIL) TABS 15mg	1
protriptyline hcl TABS 5mg, 10mg	3
RALDESY SOLN 10mg/ml	3
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1
SPRAVATO SOL 56MG DOS	3 NDS NM PA
SPRAVATO SOL 84MG DOS	3 NDS NM PA
tranlycypromine sulfate (generic of PARNATE) TABS 10mg	1
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1
trimipramine maleate CAPS 25mg, 50mg, 100mg	3
TRINTELLIX TABS 5mg, 10mg, 20mg	3
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1
ZURZUVAE CAPS 20mg, 25mg, 30mg	3 NDS NM PA
ANTIPARKINSONIAN AGENTS	
amantadine hcl CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1
benztropine mesylate SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1
carb/levo orally disintegrating tab 10-100mg	1
carb/levo orally disintegrating tab 25-100mg	1
carb/levo orally disintegrating tab 25-250mg	1
carbidopa (generic of LODOSYN) TABS 25mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1
<i>carbidopa & levodopa tab 25-250 mg</i>	1
<i>carbidopa & levodopa tab er 25-100 mg</i>	1
<i>carbidopa & levodopa tab er 50-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1
CREXONT CAP 35-140MG	3
CREXONT CAP 52.5-210	3
CREXONT CAP 70-280MG	3
CREXONT CAP 87.5-350	3
DUOPA SUS 4.63-20	3 NDS B/D NM
<i>entacapone</i> TABS 200mg	1
GOCOVRI CP24 68.5mg, 137mg	3 NDS NM
INBRIJA CAPS 42mg	3 NDS NM PA
NOURIANZ TABS 20mg, 40mg	3 NDS NM
ONGENTYS CAPS 25mg, 50mg	3
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1
RYTARY CAP 95MG	3
RYTARY CAP 145MG	3
RYTARY CAP 195MG	3
RYTARY CAP 245MG	3
<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
VYALEV INJ 12-240MG	3 NDS NM PA
XADAGO TABS 50mg, 100mg	3 NDS
ZELAPAR TBDP 1.25mg	3 NDS
ANTIPSYCHOTICS	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3 NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3 NDS
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3 NDS
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3 NDS
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3 NDS
ARISTADA INITIO PRSY 675mg/2.4ml	3 NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1

Drug Name	Drug Requirements/ Tier	Limits
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 100mg	1	
<i>clozapine</i> TABS 50mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
COBENFY CAP 50-20MG	3	NDS
COBENFY CAP 100-20MG	3	NDS
COBENFY CAP 125-30MG	3	NDS
COBENFY STRT CAP PACK	3	NDS
ERZOFRI SUSY 39mg/0.25ml	3	
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml	3	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FANAPT PAK PACK A	3	
FANAPT PAK PACK B	3	
FANAPT PAK PACK C	3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg	3	NDS
RYKINDO SRER 25mg, 37.5mg, 50mg	3	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	NDS
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS
VERSACLOZ SUSP 50mg/ml	3	NDS
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
ZYPREXA RELPREVV SUSR 210mg	3	NM
ZYPREXA RELPREVV SUSR 300mg, 405mg	3	NDS NM
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS
BRIVIACT SOLN 50mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbamazepine</i> CHEW 100mg, 200mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM PA
<i>diazepam</i> SOLN 5mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	
DILANTIN CAPS 30mg	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	3	NDS
EPIDIOLEX SOLN 100mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg, 600mg, 800mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	3	NDS NM PA
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FYCOMPA TABS 2mg	3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1	
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg	3	
MOTPOLY XR CP24 150mg, 200mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
NAYZILAM SOLN 5mg/0.1ml	3	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	3	NDS
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	3	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3	
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>vigadrone</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM PA
VIGAFYDE SOLN 100mg/ml	3	NDS NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg	3	NDS NM PA
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	3	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	NDS
XCOPRI PAK 100-150	3	NDS
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS
XCOPRI PAK 150-200MG (TITRATION)	3	NDS
ZONISADE SUSP 100mg/5ml	3	NDS
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NDS NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS)	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS)	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS)	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS)	1	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1	
<i>atomoxetine hcl</i> 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	

Drug Name	Drug Requirements/ Tier Limits
COTEMPLA XR-ODT TBED	3
8.6mg, 17.3mg, 25.9mg	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR)	1
CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS	1
2.5mg, 5mg, 10mg	
<i>dextroamphetamine sulfate</i>	1
CP24 5mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)	1
CP24 10mg, 15mg	
DYANAVEL XR SUER	3
2.5mg/ml; TBCR 5mg, 10mg, 15mg, 20mg	
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24	2
1mg, 2mg, 3mg, 4mg	
JORNAY PM CP24	3
20mg, 40mg, 60mg, 80mg, 100mg	
<i>lisdexamfetamine dimesylate</i>	1
CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	
<i>methylphenidate</i> (generic of DAYTRANA) PTCH	1
10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	
<i>methylphenidate hcl</i> CHEW	1
2.5mg, 5mg, 10mg; CP24 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24	1
10mg, 20mg, 30mg, 40mg	
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR	1
10mg, 20mg, 30mg, 40mg, 50mg, 60mg	

Drug Name	Drug Requirements/ Tier Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN	1
5mg/5ml, 10mg/5ml	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS	1
5mg, 10mg, 20mg	
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR	1
18mg, 27mg, 36mg, 54mg	
QELBREE CP24	3
100mg, 150mg, 200mg	
QUILLICHEW ER CHER	3
20mg, 30mg, 40mg	
QUILLIVANT XR SRER	3
25mg/5ml	
VYVANSE CAPS	3
10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	
XELSTRYM PTCH	3
4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	
<i>zenzedi</i> TABS	1
2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	
HYPNOTICS	
BELSOMRA TABS	2
5mg, 10mg, 15mg, 20mg	
DAYVIGO TABS	2
5mg, 10mg	
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS	1
3mg, 6mg	
EDLUAR SUBL	3
5mg, 10mg	
<i>estazolam</i> TABS	1
1mg, 2mg	
<i>eszopiclone</i> (generic of LUNESTA) TABS	3
1mg, 2mg, 3mg	
HETLIOZ LQ SUSP	3 NDS NM PA
4mg/ml	
QUVIVIQ TABS	3
25mg, 50mg	
<i>ramelteon</i> (generic of ROZEREM) TABS	1
8mg	
<i>tasimelteon</i> (generic of HETLIOZ) CAPS	3 NDS NM PA
20mg	
<i>temazepam</i> (generic of RESTORIL) CAPS	1
7.5mg, 15mg, 22.5mg, 30mg	
<i>triazolam</i> (generic of HALCION) TABS	2
.25mg	

Drug Name	Drug Requirements/ Tier	Limits
<i>triazolam</i> TABS .125mg	2	
<i>zaleplon</i> CAPS 5mg, 10mg	2	
ZOLPIDEM TARTRATE CAPS 7.5mg	3	
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg	1	
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2	
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1	
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml, 4mg/ml	3	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1	
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM
ERGOMAR SUBL 2mg	3	NDS
<i>ergotamine w/ caffeine tab 1- 100 mg</i>	1	
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	
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> SOLN 5mg/act, 20mg/act	1	
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
UBRELVY TABS 50mg, 100mg	2	
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg	1	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	
<i>zomig</i> TABS 2.5mg, 5mg	1	
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NDS NM PA
AUSTEDO XR TAB TITR KIT	3	NDS NM PA
DAYBUE SOLN 200mg/ml	3	NDS NM PA
DUVYZAT SUSP 8.86mg/ml	3	NDS NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	3	NDS NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS NM PA
FIRDAPSE TABS 10mg	3	NDS NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg, 600mg	1	PA
GRALISE TABS 450mg, 750mg, 900mg	3	PA
HORIZANT TBCR 300mg, 600mg	3	PA
<i>lithium</i> SOLN 8meq/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG	3	NDS 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; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NDS NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg	1	NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg	3	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml	3	NDS NM PA
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 PA
BETASERON KIT .3mg	3	NDS NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
VUMERITY CPDR 231mg	3	NDS NM PA
ZEPOSIA CAPS .92mg	3	NDS NM PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM PA
ZEPOSIA CAP STR KIT	3	NDS NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 15mg, 20mg	1	
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS
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	
DYSPORE SOLR 300unit	3	NM PA
DYSPORE SOLR 500unit	3	NDS NM PA
<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> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	3	NDS NM PA
LUMRYZ PAK STARTER	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM PA
XYREM SOLN 500mg/ml	3	NDS NM PA
XYWAV SOL 0.5GM/ML	3	NDS NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	3	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 2-0.5 mg (base</i> <i>equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking</i> <i>deterrent)</i> TB12 150mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg	3	NDS
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
<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
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	3	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg	3	PA
JATENZO CAPS 237mg	3	NDS PA
<i>testosterone</i> GEL 1%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
TLANDO CAPS 112.5mg	3	PA
UNDECATREX CAPS 200mg	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	2	
FARXIGA TABS 5mg, 10mg	2	
<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	
<i>glipizide</i> TABS 5mg, 10mg; TB24 2.5mg	1	
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JANUVIA TABS 25mg, 50mg, 100mg	2	
JARDIANCE TABS 10mg, 25mg	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB XR 2.5-1000MG	2	
JENTADUETO TAB XR 5-1000MG	2	
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1	
<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg	1	
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY TAB 12.5-1000MG	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 12.5-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRADJENTA TABS 5mg	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	3	NDS NM PA
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	3	

Drug Name	Drug Requirements/ Tier	Limits
CEQUR SIMPL KIT PATCH 2U (4-DAY)	3	
CEQUR SIMPL MIS INSERTER	3	
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
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: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 L2 KIT INTRO G6	3	
OMNIPOD 5 L2 MIS PODS G6	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
SOLIQUA INJ 100/33	2	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6	2	
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
BINOSTO TBEF 70mg	3	
BONSITY SOPN 560mcg/2.24ml	3	NDS NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1	B/D
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, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	3	NDS NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml (generic of Forteo)	3	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
WYOST SOLN 120mg/1.7ml	3	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	3	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> TABS 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	3	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml	3	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM
<i>trientine hcl</i> CAPS 500mg	3	NDS NM
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>ayuna</i>	1
<i>azurette</i>	1
<i>balziva</i>	1
<i>blisovi 24 fe</i>	1
<i>blisovi fe 1.5/30</i>	1
<i>briellyn</i>	1
<i>camila</i> TABS .35mg	1
<i>camrese</i>	1
<i>camrese lo</i>	1
<i>chateal eq</i>	1
<i>cryselle-28</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1
<i>daysee</i>	1
<i>deblitane</i> TABS .35mg	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	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>jaimiess</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>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>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

Drug Name	Drug Requirements/ Tier	Limits
<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-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	
<i>LILETTA IUD 20.1mcg/day</i>	2	NM
<i>LO LOESTRIN TAB 1-10-10</i>	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna (generic of YAZ)</i>	1	
<i>low-ogestrel</i>	1	
<i>luteru</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>merzee (generic of TAYTULLA)</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>NATAZIA TAB</i>	3	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	2	NM
<i>NEXTSTELLIS TAB 3- 14.2MG</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>nikki (generic of YAZ)</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella (generic of YASMIN 28)</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>PHEXXI GEL</i>	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</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>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>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>turqoz</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DEPO-ESTRADIOL OIL 5mg/ml	3

Drug Name	Drug Requirements/ Tier Limits
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2

Drug Name	Drug Requirements/ Tier	Limits
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	
<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM
ALKINDI SPRINKLE CPSP .5mg	3	NM
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
DEPO-MEDROL SUSP 20mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	3	NDS
MEDROL TABS 2mg	3	B/D
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZIME SOLN 2.9mg/5ml	3	NDS NM PA
AQNEURSA PACK 1gm	3	NDS NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA
CERDELGA CAPS 84mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg, 90mg	1	B/D NM
CRENESSITY CAPS 25mg, 50mg, 100mg; SOLN 50mg/ml	3	NDS NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA
CYSTAGON CAPS 50mg, 150mg	3	NM 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA
EGRIFTA WR KIT 11.6mg	3	NDS NM PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM PA
ELELYSO SOLR 200unit	3	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	3	NDS NM PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA
FENSOLVI KIT 45mg	3	NDS NM PA
GALAFOLD CAPS 123mg	3	NDS NM PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINISQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM PA
ISTURISA TABS 1mg, 5mg	3	NDS NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
JYNARQUE TABS 15mg, 30mg	3	NDS NM PA
KANUMA SOLN 20mg/10ml	3	NDS NM PA
LAMZEDE SOLR 10mg	3	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	3	NDS NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM 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

Drug Name	Drug Requirements/ Tier	Limits
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg	3	NDS NM PA
MYALEPT SOLR 11.3mg	3	NDS NM PA
MYCAPSSA CPDR 20mg	3	NDS NM PA
MYFEMBREE TAB	3	NDS
NAGLAZYME SOLN 1mg/ml	3	NDS NM PA
NEXVIAZYME SOLR 100mg	3	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM PA
NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM PA
OPFOLDA CAPS 65mg	3	NM PA
ORFADIN SUSP 4mg/ml	3	NDS NM PA
ORIAHNN CAP	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ORILISSA TABS 150mg, 200mg	3	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM PA
PHEBURANE PLLT 483mg/gm	3	NDS NM PA
POMBILITI SOLR 105mg	3	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM PA
RECORLEV TABS 150mg	3	NDS NM PA
REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg	3	NDS NM PA
SAMSCA TABS 15mg, 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 PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
SYNAREL SOLN 2mg/ml	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
TEPEZZA SOLR 500mg	3	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	3	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	3	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	3	NDS NM PA
VEOZAH TABS 45mg	3	
VIJOICE PACK 50mg; TBPK 50mg, 125mg	3	NDS NM PA
VIJOICE TAB 250MG	3	NDS NM PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM PA
VPRIV SOLR 400unit	3	NDS NM PA
VYKAT XR TB24 25mg, 75mg, 150mg	3	NDS NM PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	
<i>norethindrone acetate</i> TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
THYROID AGENTS		
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxy</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	3	

Drug Name	Drug Requirements/ Tier	Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	3	NDS
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg	1	B/D
<i>dronabinol</i> CAPS 5mg, 10mg	1	B/D
EMEND SUSR 125mg/5ml	3	NDS B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	3	NDS 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	
POSFREA SOLN .25mg/5ml	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> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	
PROMETHAZINE HYDROCHLORID SOLN 6.25mg/5ml	3	
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	
SANCUSO PTCH 3.1mg/24hr	3	NDS
<i>scopolamine</i> PT72 1mg/3days	3	
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
DIPENTUM CAPS 250mg	3	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg	1	
<i>mesalamine</i> CPDR 400mg; ENEM 4gm; TBEC 800mg	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg	3	
SFROWASA ENEM 4gm/60ml	3	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
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>gavilyte-n/ flavor pack</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
SUFLAVE SOL	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg	3	NDS
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg	1	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<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)	3	
EOHILIA SUSP 2mg/10ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
GATTEX KIT 5mg	3	NDS NM PA
IQIRVO TABS 80mg	3	NDS NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
LIVDELZI CAPS 10mg	3	NDS NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NDS NM 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	
OALIVA TABS 5mg, 10mg	3	NDS NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml	3	NDS NM PA
RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM
<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK	2	
VOQUEZNA PAK TRIP PK	2	
VOWST CAP	3	NDS NM PA
XERMELO TABS 250mg	3	NDS NM PA
XIFAXAN TABS 550mg	3	NDS
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PRILOSEC PACK 2.5mg, 10mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VOQUEZNA TABS 10mg, 20mg	3	
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	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tadalafil</i> (generic of CIALIS) TABS 5mg	1	QL PA
QL (30 tabs / 30 days)		
<i>tamsulosin hcl</i> 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 PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NDS NM PA
TARPEYO CPDR 4mg	3	NDS NM PA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
VANRAFIA TABS .75mg	3	NDS NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GEMTESA TABS 75mg	2	
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg	1	
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg	1	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 110mg, 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	3	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D

Drug Name	Drug Requirements/ Tier Limits
HEPARIN/NACL INJ 25000UNT	2
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml; TABS 2.5mg	1
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2
XARELTO STAR TAB 15/20MG	2
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2 NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3 NDS NM PA
FULPHILA SOSY 6mg/0.6ml	3 NDS NM PA
LEUKINE SOLR 250mcg	3 NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3 NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3 NDS NM PA
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2 NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3 NDS NM PA
XOLREMDI CAPS 100mg	3 NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3 NDS NM PA
MISCELLANEOUS	
ADAKVEO SOLN 100mg/10ml	3 NDS NM PA
ADZYNMA KIT 500unit, 1500unit	3 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	3 NDS NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3 NDS
<i>anagrelide hcl</i> CAPS 1mg	1
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1
ANDEMBRY SOAJ 200mg/1.2ml	3 NDS NM PA
BERINERT KIT 500unit	3 NDS NM PA
BKEMV SOLN 300mg/30ml	3 NDS NM PA
CABLIVI KIT 11mg	3 NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1
CINRYZE SOLR 500unit	3 NDS NM PA
DOPTELET TABS 20mg	3 NDS NM PA
EKTERLY TABS 300mg	3 NDS NM PA
EMPAVELI SOLN 1080mg/20ml	3 NDS NM PA
ENJAYMO SOLN 1100mg/22ml	3 NDS NM PA
EPYSQLI SOLN 300mg/30ml	3 NDS NM PA
FABHALTA CAPS 200mg	3 NDS NM PA
GIVLAARI SOLN 189mg/ml	3 NDS NM PA
HAEGARDA SOLR 2000unit, 3000unit	3 NDS NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3 NDS NM PA
KALBITOR SOLN 10mg/ml	3 NDS NM PA
<i>L-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3 NDS NM PA
MULPLETA TABS 3mg	3 NDS NM PA
ORLADEYO CAPS 110mg, 150mg	3 NDS NM PA
<i>pentoxifylline</i> TBCR 400mg	1
PIASKY SOLN 340mg/2ml	3 NDS NM PA
PYRUKYND TABS 5mg, 20mg, 50mg	3 NDS NM PA
PYRUKYND TAB 20MGX5MG	3 NDS NM PA
PYRUKYND TAB 50MGX20M	3 NDS NM PA
PYRUKYND TAPER PACK TBPK 5mg	3 NDS NM PA
REBLOZYL SOLR 25mg, 75mg	3 NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
RUCONEST SOLR 2100unit	3	NDS NM PA
RYTELO SOLR 47mg, 188mg	3	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	3	NDS NM PA
TAVALISSE TABS 100mg, 150mg	3	NDS NM PA
TAVNEOS CAPS 10mg	3	NDS NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM PA
VOYDEYA TABS 100mg	3	NDS NM PA
VOYDEYA TAB 50-100MG	3	NDS NM PA
XROMI SOLN 100mg/ml	3	NDS
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADBRY SOAJ 300mg/2ml; SOSY 150mg/ml	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml; SOSY 160mg/ml, 320mg/2ml	3	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml	3	NDS NM PA
EBGLYSS SOAJ 250mg/2ml; SOSY 250mg/2ml	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA
ENBREL MINI SOCT 50mg/ml	3	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN KIT PS/UV	3	NDS NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	3	NDS NM PA
KINERET SOSY 100mg/0.67ml	3	NDS NM PA
NEMLUVIO AUIJ 30mg	3	NDS NM PA
PYZCHIVA SOAJ 45mg/0.5ml; SOLN 45mg/0.5ml; SOSY 45mg/0.5ml	2	NM PA
PYZCHIVA SOAJ 90mg/ml; SOLN 130mg/26ml; SOSY 90mg/ml	3	NDS NM PA
RENFLEXIS SOLR 100mg	3	NDS NM PA
RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
RINVOQ LQ SOLN 1mg/ml	3	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml	3	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml	3	NDS NM PA
SOTYKTU TABS 6mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
SPEVIGO SOLN 450mg/7.5ml; SOSY 150mg/ml, 300mg/2ml	3	NDS NM PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM PA
TREMFYA SOAJ 200mg/2ml; 3 SOLN 200mg/20ml; SOPN 100mg/ml; SOSY 100mg/ml, 200mg/2ml		NDS NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	3	NDS NM PA
TYENNE SOAJ 162mg/0.9ml; SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	3	NDS NM PA
USTEKINUMAB SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM PA
VELSIPITY TABS 2mg	3	NDS NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM PA
XELJANZ XR TB24 11mg, 22mg	3	NDS NM PA
YESINTEK SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml	2	NM PA
YESINTEK SOSY 90mg/ml	3	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1	
<i>methotrexate sodium</i> TABS 2.5mg	1	
SOVUNA TABS 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM PA
CYTOGAM SOLN 50mg/ml	3	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HEPAGAM B SOLN 312unit/ml	3	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
HYQVIA INJ 2.5-200	3	NDS NM PA
HYQVIA INJ 5-400	3	NDS NM PA
HYQVIA INJ 10-800	3	NDS NM PA
HYQVIA INJ 20-1600	3	NDS NM PA
HYQVIA INJ 30-2400	3	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	3	NDS NM PA
ARCALYST SOLR 220mg	3	NDS NM PA
GRASTEK SUBL 2800bau	3	
ILARIS SOLN 150mg/ml	3	NDS NM PA
IMAAVY SOLN 1200mg/6.5ml	3	NDS NM PA
JOENJA TABS 70mg	3	NDS NM PA
ODACTRA SUB	3	
PALFORZIA CAP ESCALAT	3	NDS NM
PALFORZIA CAP LEVEL 3	3	NDS NM
PALFORZIA CAP LEVEL 7	3	NDS NM
PALFORZIA CAP LEVEL 8	3	NDS NM
PALFORZIA CAP LEVEL 10	3	NDS NM
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM
RAGWITEK SUBL 12amba1-u	3	
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	3	NDS NM PA
VYVGART SOLN 400mg/20ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
VYVGART INJ HYTRULO	3	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	3	NDS NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 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 PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	3	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
LUPKYNIS CAPS 7.9mg	3	NDS NM 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

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Drug Name	Drug Requirements/ Tier	Limits
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	3	NDS NM PA
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	3	NDS NM PA
SAPHNELO SOLN 300mg/2ml	3	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/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	
I POL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	

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

Drug Name	Drug Requirements/ Tier Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9%	3
lactated ringer's solution	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	2
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	1
POT CHL 20MEQ/L IN NACL 0.9% INJ	3
POT CHL 20MEQ/L IN NACL 0.45% INJ	3
POT CHL 40MEQ/L IN NACL 0.9% INJ	3
potassium chloride SOLN 2meq/ml	1
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D

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

Drug Name	Drug Requirements/ Tier	Limits
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<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	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) 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	

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Drug Name	Drug Requirements/ Tier Limits	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	3	NDS NM
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
<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	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	

Drug Name	Drug Requirements/ Tier Limits	
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</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	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	
TRIESENCE SUSP 40mg/ml	3	B/D
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<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	
ZERViate SOLN .24%	3	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	1	
<i>brinzolamide (generic of AZOPT) SUSP 1%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)</i>	1	
IYUZEH SOLN .005%	3	
<i>latanoprost (generic of XALATAN) SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS NM
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth) (generic of BETIMOL) SOLN .5%</i>	1	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	1	
<i>timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%</i>	1	
<i>timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%</i>	1	
<i>travoprost (generic of TRAVATAN Z) SOLN .004%</i>	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
CYSTADROPS SOLN .37%	3	NDS NM PA
CYSTARAN SOLN .44%	3	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	3	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	3	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	3	NDS NM PA
PAVBLU SOSY 2mg/0.05ml	3	NDS NM PA
<i>proparacaine hcl (generic of ALCAINE) SOLN .5%</i>	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS B/D NM
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>flac (generic of DERMOTIC) OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	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	
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
<i>tiotropium bromide (generic of SPIRIVA HANDIHALER) CAPS 18mcg</i>	1	
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i>	1	
CLARINEX-D TAB 2.5-120	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
RYALTRIS SPR 665-25	3	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbinoxamine maleate SOLN 4mg/5ml</i>	3	
<i>carbinoxamine maleate TABS 4mg</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	
<i>clemastine fumarate TABS 2.68mg</i>	2	
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	2	
<i>desloratadine (generic of CLARINEX) TABS 5mg</i>	1	
<i>desloratadine TDBP 2.5mg, 5mg</i>	1	
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	3	
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	2	
<i>hydroxyzine pamoate CAPS 25mg, 50mg, 100mg</i>	2	
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg</i>	1	
<i>olopatadine hcl (nasal) SOLN .6%</i>	1	
QUZYTIR SOLN 10mg/ml	3	NDS
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act (generic of Proair HFA)</i>	1	
<i>albuterol sulfate AERS 108mcg/act (generic of Proventil HFA)</i>	1	
<i>albuterol sulfate AERS 108mcg/act (generic of Ventolin HFA)</i>	1	
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	1	
<i>arformoterol tartrate (generic of BROVANA) NEBU 15mcg/2ml</i>	1	B/D
<i>formoterol fumarate (generic of PERFOROMIST) NEBU 20mcg/2ml</i>	1	B/D

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

Drug Name	Drug Requirements/ Tier	Limits
<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
ALYFTREK TAB 4-20-50	3	NDS NM PA
ALYFTREK TAB 10-50-125	3	NDS NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA
<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 10mg/0.5ml, 30mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
FASENRA PEN SOAJ 30mg/ml	3	NDS NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM PA
OFEV CAPS 100mg, 150mg	3	NDS NM PA
OHTUVAYRE SUSP 3mg/2.5ml	3	NDS B/D NM
ORKAMBI GRA 75-94MG	3	NDS NM PA
ORKAMBI GRA 100-125	3	NDS NM PA
ORKAMBI GRA 150-188	3	NDS NM PA
ORKAMBI TAB 100-125	3	NDS NM PA
ORKAMBI TAB 200-125	3	NDS NM PA
<i>pirfenidone</i> CAPS 267mg; TABS 534mg	3	NDS NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg, 801mg	3	NDS NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG	3	NDS NM PA
SYMDEKO TAB 100-150	3	NDS NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NDS NM PA
TRIKAFTA PAK 75MG	3	NDS NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	3	NDS NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
NASAL STEROIDS		
<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	
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	3	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
AIRSUPRA AER 90-80MCG	2	
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>breynd</i> (generic of SYMBICORT)	1	
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act (generic of SYMBICORT)	1	
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act (generic of SYMBICORT)	1	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act (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, 30mg, 40mg	1	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
ADAPALENE SOLN .1%	3	
<i>adapalene-benzoyl peroxide gel</i> 0.1-2.5% (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel</i> 0.3-2.5% (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
AZELEX CREA 20%	3	
<i>benzoyl peroxide-erythromycin gel</i> 5-3% (generic of BENZAMYCIN)	1	
CABTREO GEL	3	NDS
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>clindacin</i> FOAM 1%	1	

Drug Name	Drug Requirements/ Tier Limits
<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%; SOLN 1%; SWAB 1% 1	
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 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-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) 1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> 1	
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% 1	
<i>ery</i> PADS 2% 1	
<i>erythromycin (acne aid)</i> GEL 2%; SOLN 2% 1	
FABIOR FOAM .1% 3	
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg 1	
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg 1	
<i>neuac gel 1.2-5%</i> 1	
RETIN-A MICRO GEL .06% 3	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% 1	
TAZAROTENE FOAM .1% 3	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% 1	
<i>tretinoin</i> (generic of ATRALIN) GEL .05% 1	

Drug Name	Drug Requirements/ Tier Limits
<i>tretinoin microsphere</i> GEL .04%, .1% 1	
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% 1	
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% 1	
TWYNEO CRE 0.1-3% 3	
WINLEVI CREA 1% 3	
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg 1	
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% 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</i> GEL .77%; SHAM 1% 1	
<i>ciclopirox olamine</i> CREA .77%; SUSP .77% 1	
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1% 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> 1	
<i>econazole nitrate</i> CREA 1% 1	
JUBLIA SOLN 10% 3	NDS
<i>ketoconazole (topical)</i> CREA 2%; SHAM 2% 1	
<i>klayesta</i> POWD 100000unit/gm 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	
<i>nyamyc</i> POWD 100000unit/gm 1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
<i>nystop</i> POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
<i>selenium sulfide</i> LOTN 2.5%	1	
ZORYVE FOAM .3%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> CREA .005%; OINT .005%; SOLN .005%	1	PA
CALCIPOTRIENE FOAM .005%	3	NDS PA
<i>calcitrene</i> OINT .005%	1	PA
ENSTILAR AER	3	NDS PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%; GEL .05%, .1%	1	
VTAMA CREA 1%	3	NDS
ZORYVE CREA .3%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	3	NDS
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
<i>clobetasol propionate e</i> CREA .05%	1	
<i>clobetasol propionate emulsion</i> FOAM .05%	1	
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1	
<i>desonide</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1	
DUOBRII LOT	3	NDS
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01%; SOLN .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	1	
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1	
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2%	3	NDS
<i>hydrocortisone butyrate</i> SOLN .1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone valerate</i> CREA .2%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>tovet</i> FOAM .05%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2%	1	PA
<i>lidocaine</i> OINT 5%	1	PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D
<i>lidocan</i> (generic of LIDODERM) PTCH 5%	1	PA
QUTENZA KIT 8% 1-PCH	3	NDS B/D NM
QUTENZA KIT 8% 2-PCH	3	NDS B/D NM
QUTENZA KIT 8% 4-PCH	3	NDS B/D NM
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5%	1	PA
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	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%	1	
CORTIFOAM FOAM 10%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EMROSI CP24 40mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
EPSOLAY CREA 5%	3	
EUCRISA OINT 2%	3	
FINACEA FOAM 15%	3	
<i>fluorouracil (topical)</i> CREA 5%; SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NDS NM
<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%; LOTN .75%	1	
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%	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> (generic of CONDYLOX) GEL .5%	1	
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
QBREXZA PADS 2.4%	3	
RHOFADÉ CREA 1%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
VALCHLOR GEL .016%	3	NDS NM PA
XERESE CRE 5-1%	3	NDS

Drug Name	Drug Requirements/	
	Tier	Limits
YCANTH SOLN .7%	3	NM
ZELSUVMI GEL 10.3%	3	NDS
ZILXI FOAM 1.5%	3	
ZORYVE CREA .15%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>croton</i> LOTN 10%	3	NDS
<i>malathion</i> LOTN .5%	1	
<i>permethrin</i> (generic of ELIMITE) CREA 5%	1	
<i>pruradik</i> LOTN 10%	3	NDS
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
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>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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<i>zoledronic acid</i>	42	ZOSYN SOL 2-0.25GM ..	11	ZYNYZ	18
ZOLEDRONIC ACID	42	ZOSYN SOL 3-0.375G ..	11	ZYPITAMAG	22
ZOLINZA	18	ZOSYN SOL 4-0.50GM ..	11	ZYPREXA	
<i>zolmitriptan</i>	36	<i>zovia 1/35</i>	45	<i>see olanzapine</i>	30
ZOLOFT		ZOVIRAX		ZYPREXA RELPREVV ...	31
<i>see sertraline hcl</i>	28	<i>see acyclovir topical</i>	69	ZYTIGA	
<i>zolpidem tartrate</i>	36	ZTALMY	34	<i>see abiraterone acetate</i>	
ZOLPIDEM TARTRATE ..	36	ZTLIDO	69		12
ZOMACTON	49	ZUBSOLV SUB 0.7-0.18.	39	<i>see abirtega</i>	12
<i>zomig</i>	36	ZUBSOLV SUB 1.4-0.36.	39	ZYVOX	
ZOMIG		ZUBSOLV SUB 11.4-2.9.	39	<i>see linezolid</i>	5
<i>see zolmitriptan</i>	36	ZUBSOLV SUB 2.9-0.71.	39		
ZONEGRAN		ZUBSOLV SUB 5.7-1.4...	39		



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



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

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-866-249-6167 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 10/15/2025. 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.

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

10/15/2025